

SURGICAL TECHNIQUE:

I perform the inversion technique. When the penis is too short, I use the excess skin from the scrotum to have sufficient amount of skin for the vaginoplasty. I am enclosing diagrams describing the technique used.

COST:

The total for the surgery, anesthesia and hospitalisation is \$ 7,285.00 CAN. Once a date has been set for the surgery, you must send a \$ 500.00 CAN deposit within the following 15 days or the date will not be reserved. Also, if you decide to cancel your surgery less than 3 weeks prior to the date set, your deposit will not be returned. The balance due shall be \$ 6785.00 CAN, \$6685.00 payable the week before your surgery and the balance of \$ 100.00 the day of the surgery. All payments must be made in cash, certified check or bank draft to CLINIQUE DE CHIRURGIE ESTHETIQUE ST-JOSEPH. If you are unable to pay in Canadian funds, you could make a check in American money and when we will deposit it, we will reimburse you the difference if any afterwards. If you consult prior to setting a date for your surgery, the fee will be \$ 50.00 CAN. This will be deducted from the total amount at the time of the surgery.

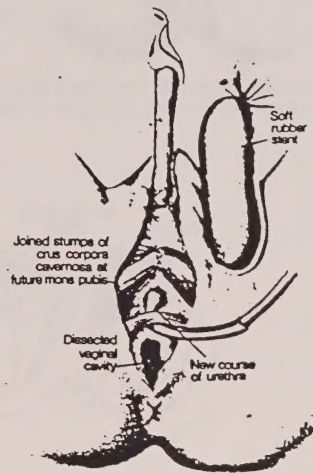
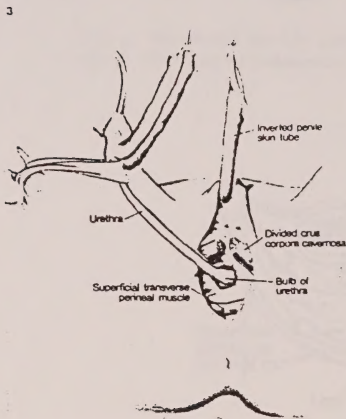
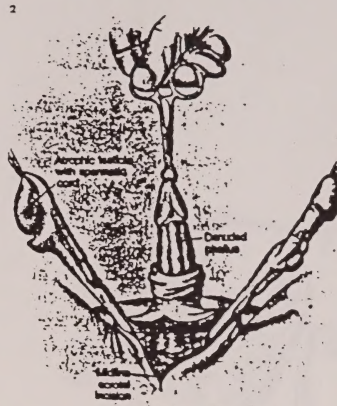
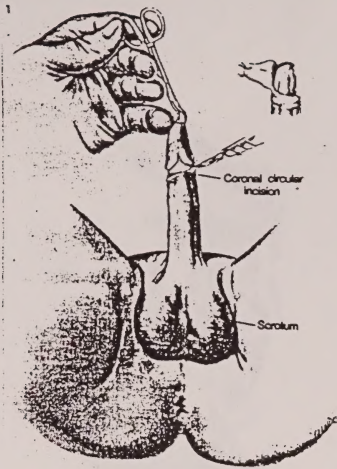
YOUR STAY IN MONTREAL:

Your stay in Montreal should be about 14 days: 2-3 days before the operation, 5 days in hospital and finally 5 days after leaving the hospital.

To make your stay more agreeable and secure, we have set up a residence specialized in the field of transexualism. This organization is called TRANS P.O.R.S.. For a very reasonable price, they supply transport, lodging and meals. This enables you to come to Montreal unaccompanied and to have someone to care for you 24 hrs/day. I strongly recommend that you reserve your stay at Trans P.O.R.S. only. Do not forget that post-operatively you will need help and Trans P.O.R.S. is the only place that you will receive adequate, professional care.

If you come accompanied, Trans P.O.R.S. will be very happy to find shelter for the person who will be with you.

SKIN INVERSION





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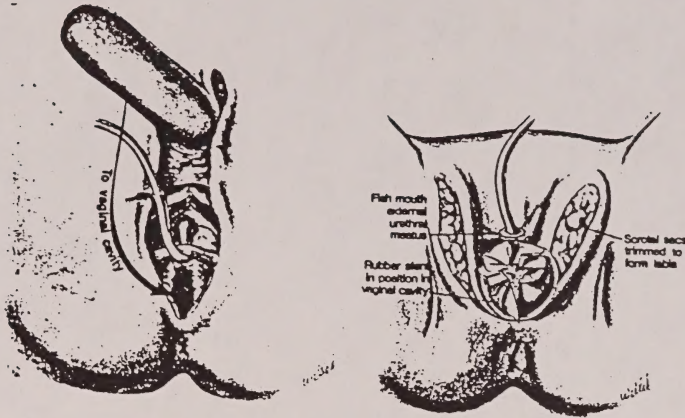


FIG. 5. The everted skin tube containing the stent is inserted into the vaginal cavity.
 FIG. 6. The labia are reconstructed from the scrotal sac; the stent is now in position.

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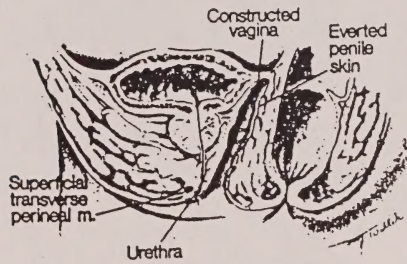


FIG. 7. The final position of the vagina and the urethra in a sagittal plane.

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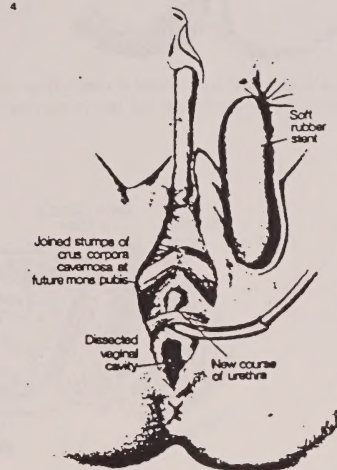
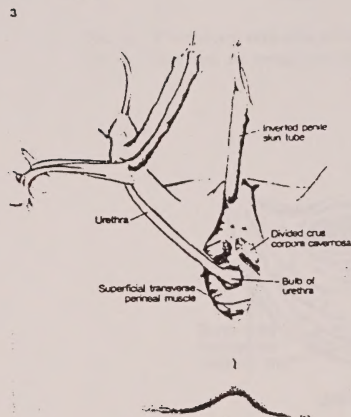
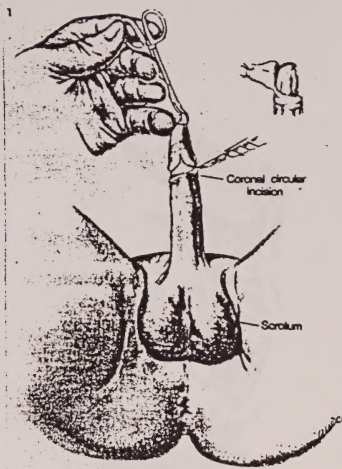
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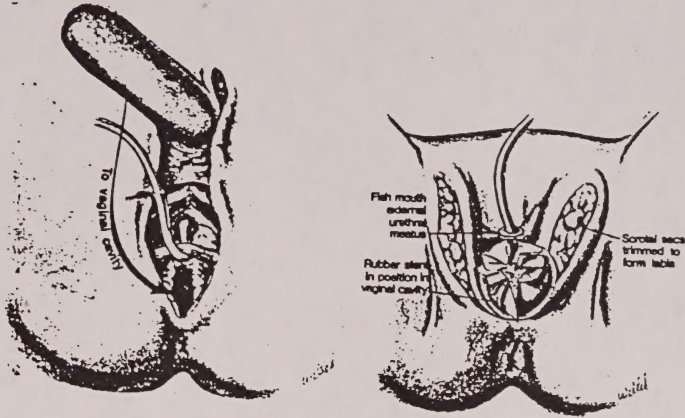


FIG. 5. The everted skin tube containing the stent is inserted into the vaginal cavity.
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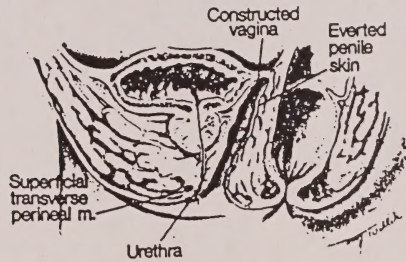


FIG. 7. The final position of the vagina and the urethra in a sagittal plane.



FIG. 1. The head of a human being, showing the internal organs of the head and neck, and the position of the brain, eyes, and nasal cavity.



FIG. 2. The head of a human being, showing the internal organs of the head and neck, and the position of the brain, eyes, and nasal cavity.

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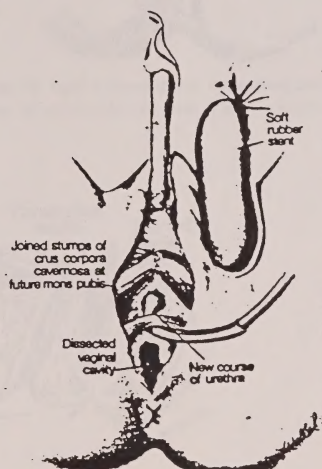
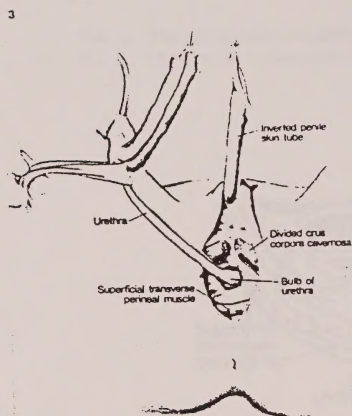
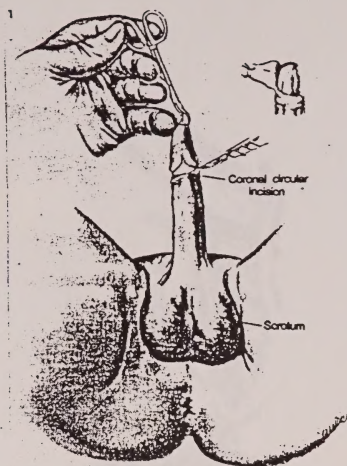
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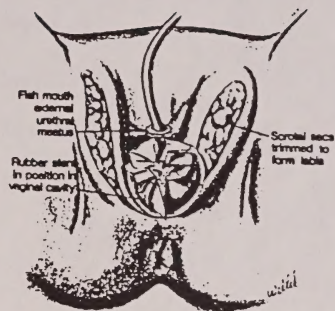
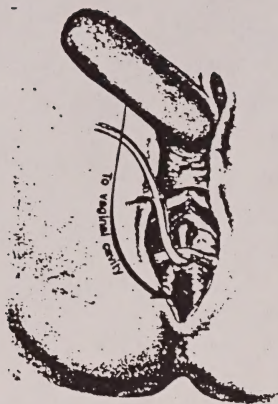


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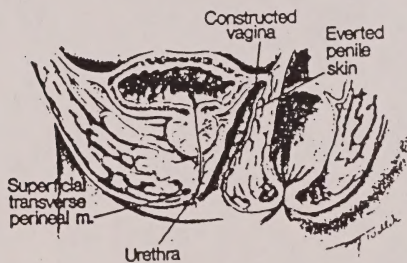


FIG. 7. The final position of the vagina and the urethra in a sagittal plane.

GENDER NEWS

VOLUME I NUMBER 12

SEPTEMBER 1980

GENDER NEWS is an independent newsletter loosely associated with the Tru-Self steering committee. Single copies cost \$1.00 or you can order a one year subscription (12 issues) for \$9.00. Back issues are available costing \$1.25 for volume I numbers 1 thru 11 and costing \$1.75 for all issues after volume I number 11.

Article submissions are definitely solicited from anyone and will be printed subject to the limitations of space and good taste. Permission is granted to reprint any material original with the Gender News. Where credit has been given to another source, please contact that source for permission to reprint.

All correspondence should be addressed to:

Gender News
P.O. Box 532
Port Hueneme, CA 93041

-- FACE LIFT --

Having a face lift seems to be the in thing to do this year and even the newsletter isn't immune. Beginning with this issue we have doubled in size and have made an attempt to improve our appearance with new caption techniques, new headings, and with the increased use of graphic materials. We hope the results of our "face lift" will be as satisfactory as those achieved by other members of our community.

Of course, nothing comes free. To achieve this new look we have had to increase the cost of each issue. Although our single copy costs have doubled along with the size of our newsletter, the subscription price only went up by half. We hope to encourage more people to subscribe so that we can better plan our financing. Our printing costs have been rising rapidly especially for small printing runs and so to cover these problems we have more than doubled the cost of back issues. We hate to do all this but at our old rates we were making a grand total of 5¢ profit on each newsletter sold. This 5¢ had to cover the costs of all copies of the newsletter swapped with other organizations, typing paper, staples, and all the other miscellaneous costs associated with putting out a newsletter. Needless to say it didn't work. We hope the new rates will be stable for some time and we think this will be so - at least until the post office raises mail from 15 to 20 cents.

In addition to raising the cost of the newsletter we are also beginning a strong drive to solicit advertising. We have established rates for both commercial and classified advertising. This will certainly help us financially but we also feel that it can help you by making you aware of places where you can go to get clothes, makeup, electrolysis, entertainment, or whatever. Perhaps instead it is you who need to advertise. In that case our classified section is ready and able. Are you looking for a roommate? need to sell clothes that no longer fit? want to wish someone happy birthday or congratulations? The classified ad rates are cheap! Only \$1.00 for up to 24 words and 5¢ for each additional word.

Complete details on advertising and other newsletter matters will be found at the back of the newsletter along with a handy form you may use to send in your request.



The fifth annual Renaissance Pot Luck party will be held Sunday September 7, 1980 from 2 to 7 pm in Santa Ana. Jude and Marilyn are the hosts. Unfortunately we didn't get their form in time to print the whole thing but they do require you to let them know by September 2 if you are coming and how many in your party. RSVP's may be sent to them at P.O. Box 11341, Santa Ana, CA 92711.

SISTERS IN THE NEWS

Joanna M. Clark filed suit on August 18 against the federal government for expelling her from military service following her sex reassignment surgery.

Formerly Navy chief petty officer Michael Clark, Joanna said the military "maliciously tried to destroy me." and "They created a living hell for me, and now they're doing the same for the Norton Sound 8." The Norton Sound 8 are eight women sailors accused of lesbian activities aboard the USS Norton Sound stationed at Port Hueneme.

Ms. Clark alleges that her rights to privacy, a fair hearing, and equal protection under the law were all violated.

Joanna, who recently spoke to the Thursday Rap Group about insurance coverage and transsexualism, is the author of two books: *Transsexualism and the Law*, a Source Book for Professionals @ \$12.00 and *Legal Aspects of Transsexualism* @ \$5.00. You can order either (or both for \$15) from - Joanna M. Clark, P.O. Box 2476, Mission Viejo, CA 92690.

On Monday July 21, 1980 Ann Landers reported the following as part of her response to a letter about a gay teenager who wanted to take his boyfriend to a high school prom.

"I do know, however of a homosexual who took his sweetie (a closet queen) to the high school prom in drag. "She" was the best looking "girl" there, by far. Several of the fellows danced with "her" and proclaimed her a knockout."

We have been in touch with Kristina Marie who has left Southern California for a while and is living with her family in Indiana.

She writes that she just celebrated her 20th birthday August 10th. (Happy birthday Kris). She would very much like to correspond with other members of the group. As she hasn't given permission to publish her address I will offer to serve as a relay. Either send your address and indicate that you would like to correspond with her and I will send your address to her. Or you can write to her, seal your letter in a plain, stamped envelope and send it (in another envelope) to the newsletter box and I will address the inner envelope and mail your letter on to Kris.

Either way I'm sure you will enjoy talking with her.

Also in the news lately has been Nancy S. Ledins, Ph.D. Nancy has come in for a double dose of notoriety. Not only has her sex change made her the world's only female priest, but she has been awarded a \$450,000 grant to study the relationship between transsexualism and reincarnation. Both the LA Times and the Valley News have recently run lengthy articles about her complete with before and after photos. (You look much better now Nan!)

Actually Nan's status as a priest raises some very novel and undecided points in church law. Growing up in Cleveland Ohio as William Griglak, she always wanted to be a priest seeing the ministerial role as more maternal than paternal. As she put it,

"You're sort of a kind, benevolent mommy." *
 Eventually ordained a priest forever, she *
 has never been officially returned to lay *
 status. Although she still occasionally *
 celebrates masses in semi-private set- *
 tings, Nan doesn't want to push the issue *
 and she doesn't "want to hurt anybody - *
 not my order, the church, nor my family". *
 She has declined to perform a mass for a *
 women's group that would like to change *
 church law banning women from ordination.

Perhaps more interesting than her *
 church status, at least to local trans- *
 sexuals, is the ALPHA GAMMA PROJECT which *
 Nancy is directing. It is a three year *
 project during which 450 transsexuals, *
 pre-op and post-op, will be studied. *
 Although "reincarnation and transsexual- *
 ism" may sound like a far out project at *
 first, this could prove to be one of the *
 most important studies ever made in the *
 "T" paraculture. The only study of *
 comparable size (that I'm aware of - JSL) *
 was a survey made by Virginia Prince in *
 which 262 readers of Transvestia Magazine *
 answered a relatively brief questionnaire. *
 The responses were from a mixed group of *
 TV's, TG's, TS's and perhaps others. *
 Despite the lack of controls on this *
 study it has been the landmark to date and *
 has been quoted by almost every major *
 author of T information at one time or *
 another.

The Alpha Gamma Project will go much *
 further than that and will be conducted by *
 professionals in the field. (No smear *
 intended on Virginia - she did what she *
 could and didn't have a \$450,000 grant *
 to help her). Initial screening will *
 begin with a fair sized questionnaire. *
 This part of the study alone may yield *
 significant findings. It will be based *
 on a 71% larger sample size and the test *
 group will be limited to those claiming *
 to be transsexuals. Perhaps it will *
 confirm Virginias findings. On the other *
 hand it may show marked differences *
 between TV's and TS's.

Next, subjects will undergo a battery *
 of psychological testing to determine, *
 among other things, the emotional *
 capabilities of undergoing age regression *
 without harm to the subject. These tests *
 will be administered by professionals. *
 Finally, those qualifying will undergo *
 age regression by a qualified regression- *
 ist. At no time will chemical means be *
 used to alter consciousness nor will *
 hypnosis be used as was reported by *
 some of the news media. No action will *
 be taken on the body of the subject. *
 Consent forms will need to be signed *
 prior to the study and all materials *
 will be coded to preserve confidentiality.

Noone is eligible if s/he has been *
 in contact with or related to Nancy *
 prior to July 1, 1980. The plum in the *
 pudding is that those subjects complet- *
 ing the age regression will be paid a *
 fee of \$200.00. Those eliminated by *
 the earlier screening will receive no *
 fee. About 200 volunteers have applied *
 so far and more are coming in daily. *
 The project will -egin processing *
 applicants, selected randomly from those *
 on file, starting September 1, 1980.

If you are a TS or TG and would *
 like to be considered for the study, *
 write Nancy S. Ledins, Alpha Gamma *
 Project, 6155 Fulton Ave. Suite 207, *
 Van Nuys, CA 91401. You don't need *
 to believe in reincarnation nor age *
 regression to be eligible.

In her copious free time, Nancy *
 also does wonders as an electrologist. *
 See her ad in this issue. Her rates *
 are \$22.00 per hour, \$11.00 for ½ hour, *
 and \$6.00 for 15 minutes. Just think, *
 now you can have your soul, psyche, and *
 stubble all treated at the same time! *
 (sorry 'bout that Nan - I couldn't *
 resist). In any event, be sure to get *
 in touch with her if you need electrol- *
 ysis or want to be in her study.

VENEREAL DISEASE

"I have tried hard to avoid the transsexual's stereotypical behavior; the unreliability and ingratitude and untruthfulness, as well as the inflated breasts, theatrical makeup, and ribbons and ruffles. And on the whole I have succeeded. But reasearch indicates another common failing: Transsexuals are promiscuous, and in this particular I have not achieved a notable level of virtue.

.....

I know such promiscuity is neither safe nor sanitary, but transsexuals do have an urge to prove the utility of their new vaginas."

So begins chapter 14 of Nancy Hunt's book, "Mirror Image." Despite the unflattering cast of her comments they are in fact true of a great percentage of transsexuals to one degree or another. This article will address itself to her comments on the safety of promiscuity. Perhaps others have had sex education classes dealing with venereal disease or were carefully instructed by parents, church, or whatever but most people, TS or otherwise, get all their information - most of which is wrong - from locker room bull sessions. I suspect TS's may have even less information than the average having probably not been on that intimate of terms with their peers. If so, count your blessings - you have less to unlearn.

I'll admit I knew almost nothing about VD but I wanted to carry an article on the subject so I went to the library and did some reading. The following is a condensation from several sources listed at the end in the bibliography. I'm afraid there's quite a lot of material here but I urge you to read it anyway - it may save you a lot of trouble in the long run. As a TS you have twice as much to learn - you need to know the symptoms for both sexes - the body you inhabit now, and the one you will have later. Others may concentrate on only their own sex but it is still an excellent idea to be able to spot symptoms on your proposed partners - not catching something is much more satisfactory than curing it after you have it!

Venereal Disease (VD) is a catch-all term for a number of diseases that are spread by sexual acts. These diseases are reaching epidemic proportions in the United States. If you are at all sexually active then you will probably sooner or later contract one or more of the types of VD. You owe it to both yourself and your partners to know something about the symptoms and possible cures so that you can tell when you are infected and what to do about it. Most of the venereal diseases are readily treated with penicillin or other common antibiotics. Others are incurable! Do you know which are which?

The major diseases are Syphilis, Gonorrhea, Chancroid, Lymphogranuloma Venereum, and Granuloma Inguinale. Minor infections include venereal warts, vaginitis, crab lice, scabies, and nonspecific urethritis.

SYPHILIS

Syphilis is, in some ways, the most serious of the venereal diseases. Left untreated syphilis is deadly - attacking and destroying any organ of the body in its final stages.

Unless you are a doctor and come in accidental contact with infected blood such as nicking yourself during surgery on an infected patient, you contract syphilis only by intimate physical contact. The bacteria responsible for syphilis, *Treponema pallidum*, is not a hardy critter and quickly dies outside the human body. You can't catch it from toilet seats, bathtubs, bed linnins, or any of the other rumored sources - only direct physical contact

The first stage, primary syphilis, shows up as a painless ulcer at the entry site of the infection. Usually this is the tip of the penis in males and is hidden in the vagina in females. In "those with a more inquiring mind"² the entry site may be a fingertip, the female breast, libs, mucous membranes of the anus, even the tonsils! This first symptom is easily overlooked as the ulcer heals in a few days

all by itself and the victim feels a false sense of security as the bacteria travel in his bloodstream. Only special blood tests will reveal the presence of the disease at this point.

In some cases the primary symptom never appears. Two or three months after the initial contact secondary symptoms may appear. These can be a low-grade fever, small flat warts around the vagina or anus, inflamed patches on the mucous membranes of the mouth or sexual organs, and a brownish-red slightly raised skin rash. The rash may appear all over the body and is one of the few rashes that affects the palms of the hands and soles of the feet. Usually it doesn't itch and disappears in a few days. Again these symptoms may be overlooked or mis-diagnosed though a blood test will still show the presence of the disease.

If syphilis is still not recognized and not treated than the rash disappears and the disease seems to be all gone. NOT SO! Anywhere from a few months to 4 years may pass before tertiary syphilis shows up. Some patients are lucky and the tertiary symptoms never do appear. If they haven't shown up in 4 years the person is said to have "late latent lues" and will have no further problems unless re-infected during some further sexual encounter - in this case the disease starts all over again and the person may not be so lucky this time!

When tertiary symptoms do appear they mean business! At this time the disease shows up concentrated in one or more areas of the body and starts to destroy normal tissue. The shape of bones may be altered, liver tissue damaged, heart valves distorted, arteries weakened to the point of rupture, etc. These people are the lucky ones - the disease may head instead for the brain or spinal chord. Before the discovery of penicillin many inmates of mental hospitals were syphilis victims whose brains had been damaged.

Syphilis is primarily contagious during the primary stage and less so during the stage of the rash. It is not contagious at all in the later stages nor

in the late latent lues stage though it can be passed at any time to an unborn child (if you are the mother). It can also be passed at any time by direct blood contact.

Most syphilis infections respond readily to penicillin treatments though some strains have been brought back from southeast asia which are resistant to penicillin. One theory for these strains says that there was a black market supply of penicillin in the southeast asia area and many people treated themselves but were not careful to completely eliminate the disease thus creating resistant strains. In any event, they exist. No immunity is conferred by having had it once - you can get syphilis any number of times and each time you run the risk of getting the dangerous tertiary symptoms.

There are several infectious diseases found in the tropics that are also caused by spirochete type bacteria like syphilis but which are not venereal diseases. They include Yaws, Pinta, and Bejel. These may be hard or impossible to distinguish from the more common syphilis.

GONORRHEA

Gonorrhea, G.C., or "the clap" is more common than syphilis by a factor of 20 to 1. In 1974 there were roughly 25,000 cases of syphilis reported and 809,000 of gonorrhea but the American Social Health Association estimates that 4 cases of VD go unreported for every one that is reported! By those figures, better than 1 in every 30 sexually active people had a case of VD in 1974. GC has been increasing at a rate of 15% each year since the early 1960's. That's even faster than inflation! So far this year there has been a slight decline in reported cases of gonorrhea - only 593,743 cases thru August 9, 1980. This will amount to over 980,000 cases by the end of the year.

Gonorrhea is caused by the bacterium *Neisseria Gonorrhoeae*. Like syphilis it quickly dies outside a human body and can only be contracted by intimate physical contact. It is not as contagious as syphilis nor can it normally be caught from infected blood.

Gonorrhea is a little less subtle in its symptoms than syphilis. In 3 days to two weeks males will develop a burning sensation and will have to urinate frequently followed by a pus-like discharge from the penis. If untreated the disease spreads to the prostate gland, the seminal vesicles, and the epididymis near the testicles all of which may become acutely inflamed and painful. Abscesses may form and require drainage or may drain spontaneously thru either the urethra or rectum. Ultimately these may lead to chronic urethral strictures and male sterility. In about 3% of the victims, the joints may become infected leading to infectious gonococcal arthritis.

Females similarly may drain pus-like substance from the vagina and urethra and may experience urinary frequency and burning sensations. It is just as probable though that she will not show any symptoms but will be an infectious carrier unknowingly for an unpredictable length of time. Eventually she will develop an acute infection with symptoms. Again the disease heads for the reproductive areas - the uterus, fallopian tubes, and ovaries. Symptoms include a mild superficial inflammation of the pelvic structures with pelvic pain and high fevers. Often the disease goes quickly to the abdominal cavity causing a mild peritonitis which may be confused for gastrointestinal disease or appendicitis. If untreated, abscesses may form which may drain spontaneously thru the vagina or rectum. Occasionally these advanced infections can kill as when a large abscess ruptures into the abdominal cavity where the poisonous effects can cause rapid shock and death.

Most commonly the disease is recognized and proper treatment begun early. If the female is treated early it is likely that no permanent damage to fertility will be done but once the infection reaches the tubes and ovaries, some damage may be done no matter how quickly treatment is begun and sterility frequently results.

As with syphilis there are strains of gonorrhea that are resistant to penicillin. The National Center for Disease Control

* reported 5 cases at Albuquerque from April
* 21 thru May 15 this year and 4 cases in
* San Diego from July 1979 thru March 1980.
* Each occurrence appeared to be caused by
* someone who had been to the Far East.
* Resistant strains have been reported at
* some time in about half of the states in
* the country. The resistant strains may
* be treated with tetracycline hydrochloride.
* You can have both syphilis and
* gonorrhea at the same time. In fact it
* was quite a while before doctors realized
* that they were two separate diseases.

* CHANCROID

* Chancroid or "soft chancre" is a tropical
* VD caused by the bacterium *Hemophilus ducreyi*.
* It occurs more often in men than in women.
* From one to five days after initial contact
* a small inflamed pimple appears at the site
* of infection. When this ruptures, painful
* ulceration of one or more areas on the
* genitals occurs. These ulcers can become
* so large and destructive that the entire
* external genitalia are destroyed! That may
* be one way to save on surgery but it isn't
* recommended. The lymph nodes in the groin
* also become swollen then break down and
* drain pus thru the skin.

* The prognosis is good if treatment
* (antibiotics such as sulpha drugs,
* streptomycin, or tetracycline) is early.
* Advanced infections may be cured but damaged
* areas will not regenerate.

* LYMPHOGRANULOMA VENEREUM

* LGV is a common tropical VD. It has
* an incubation period from several days to
* 6 weeks. As is common in the VD's, a small
* ulcer appears and quickly heals on the
* genitals and is often unnoticed in women.
* Along with this first sign, you may have a
* burning pain on urinating. Shortly after
* the original ulcer appears the lymph nodes
* in the groin swell and become painful. As
* the disease progresses an inflammatory
* reaction around the nodes causes a character-
* istic matted appearance. The infected
* nodes often drain pus and fistulae (passage-
* ways to the skin from the nodes) may form.
* If left untreated the ulcers and inflammation
* gradually heal but the damage to lymphatic
* drainage areas causes swelling and body
* liquids collect in the tissues also causing

swelling. In women there may be scarring and stricture and fistula formation around the rectum and anus. Very late and neglected cases may be complicated by cancerous changes in the local tissues.

Treatment is by sulpha drugs or tetracycline. Penicillin is not effective. Surgery may be required to repair fistulae.

GRANULOMA INGUINALE

Cases of granuloma inguinale are often reported in the southern areas of the United States. It is not particularly contagious and is commonly found in promiscuous individuals who may have other venereal diseases as well.

A pimple forms on the genitals, thigh, or lower abdomen. It ulcerates and spreads to adjacent parts by contact. Swellings may appear in the groin. Late complications such as stricture and fistula formation resemble those of lymphogranuloma venereum and chancroid.

Treatment is usually with tetracycline or possibly streptomycin. Sulpha and penicillin are not effective.

TRICHOMONAS VAGINALIS

Trichomonas Vaginalis is the most common of all venereally transmitted conditions. The organism responsible for it, trichomonas vaginalis, lives in the vaginal tract where it may not show any symptoms though more often it causes a grayish bubbly odorous vaginal discharge which increases just before menstruation and which can be quite irritating. Reddening and swelling of the vaginal opening and ulceration of the labia minora may also occur. The vagina may have a patchy ulceration which is easily recognized.

These organisms may be found in the urethra and bladder of both men and women. In the female they occasionally involve the tubes, ovaries, and pelvic structures resulting in a low-grade inflammation accompanied by dragging, nagging, pelvic and lower abdominal pains. The male carries the organism but shows no symptoms and may therefore be a source of reinfection.

Treatment is by Metronidazole (Flagyl) orally and vaginally for 10 days for the

* female and orally for the male. One such
* course of treatment cures 95% of all
* infections but some will need a second
* course of treatment at a higher dosage and
* some people develop infections that are
* resistant to the drug.

* MONILIAL VAGINITIS

* This is a fungus that grows rapidly
* in the vagina creating a curdy, cottage-
* cheeselike discharge. When it overflows
* onto the vulva a beefy-red, weepy, and
* extremely itchy and painful vulvitis results.
* At this stage the infection can be transmitted
* to a sex partner who may develop balanitis -
* an equally irritating inflammation of the
* glans penis. Rarely it ascends into the
* urethra and prostate gland to cause prostatitis.
* Certain birth control pill preparations
* can foster its growth.

* Treatment is difficult because the
* fungus forms spores in the air, on skin,
* and on clothing and these spores are difficult
* to kill. Cure involves local treatment with
* antifungal agents for at least a month,
* daily cleansing of the skin, boiling of
* underwear, and frequent changes of clothes.
* Oral antifungal agents may be taken to
* eliminate the organism from the bowels.
* Douching may be indicated and circumcision
* may be necessary in the male to prevent
* reinfection.

* HERPES PROGENITALIS

* This viral infection in the genital
* tract is similar to cold sores around the
* mouth caused by herpes simplex virus. In
* the male the infection appears as a blistered
* or crusted ulceration of the glans and may
* last for several weeks. In the female there
* is a moist grayish ulceration of the hymen,
* the labia minora, and the uterine cervix.
* the vagina is not usually involved.

* In both sexes the initial herpes
* infection is painful for several weeks.
* Gradual healing occurs in 3 to 4 weeks.
* Reinfection is common, less painful, and
* clears up more quickly.

* There is no effective cure for Herpes.
* Symptoms are often helped by lukewarm baths
* and astringent applications. Sexual

activity is painful and should be stopped until the area heals.

VENEREAL WARTS

These are wart-like fleshy blobs that appear around the hymen and on the vulva and perineum in association with sexual activity. They are thought to be virus induced and are infectious. In the male they occur on the head and shaft of the penis (and in the anal area in the case of homosexual activity). In the female they are associated with poor genital hygiene and infections with other organisms are commonly seen. They can be massive and in rare cases, are associated with cancerous changes.

Treatment is (usually) easy. Minor cases are treated with local applications of an anti-wart chemical but this may be very irritating. More severe cases are treated under anesthesia either by destruction of the warts with a hot cautery or by surgical removal. Reoccurrences of venereal warts are frequent.

CRAB LICE

Crab lice are transmitted through pubic hair contact. The infestation causes an itchy rash in the pubic area and on close inspection the louse, as well as its egg cases, or "nits", can be seen near the base of the pubic hairs. Treatment requires simple cleanliness and the use of a pharmaceutical cream containing an insecticide.

SCABIES

Scabies is another itchy insect infestation but this one involves the whole body instead of just the genital area. It is spread by any kind of body contact. The tiny mite burrows just under the skin where it becomes irritating. Scratching often causes ulceration and bacterial infection may further complicate the condition. Again local cleanliness and the application of skin lotions are needed to kill the mites.

* NONSPECIFIC URETHRITIS

* Nonspecific urethritis is the diagnosis
* given for a whole raft of assorted sexually
* transmitted diseases for which the specific
* cause has not been found. Most of the time
* the condition is mild, chronic, and tends to
* be recurrent even when treated.

* The symptoms are, for the male, a pussy
* discharge from the urethra and painful
* urination and discomfort at the base of the
* bladder due to prostatitis. Females
* experience urinary pain and burning and an
* inflammatory vaginal discharge. The vagina
* and cervix as well as the vulva and its
* glands may be reddened and irritated.

* Most cases are satisfactorily treated
* with a 5 to 10 day course of the tetracycline
* group of antibiotics. Penicillin is not
* effective. Repapse often occurs and may be
* due to reinfection. Both partners should be
* treated.

* PREVENTION

* The condom, or rubber, can prevent
* some types of venereal diseases by reducing
* or eliminating the mucous to mucous contact
* during intercourse.

* A diaphragm used with contraceptive
* jelly tends to destroy the infective
* organisms of syphilis and gonorrhea.

* Birth control pills alter the
* vaginal secretions in women and may make
* these women more likely to contract
* gonorrhea.

* Intrauterine devices do not affect
* syphilis but may make an initial gonorrhea
* infection more serious by allowing a rapid
* spread of the infection to the pelvic
* organs. This also makes elimination of the
* disease harder. Abscess formation may be
* more common and chronic infection, sterility
* and later surgery may be more often
* experienced.

* Surgical sterilization of the female
* may help keep gonorrhea from becoming as
* severe. By cutting the fallopian tubes,
* one route by which the organism makes its
* way into the pelvic organs has been closed.

* If you think you may have one of these

diseases you should seek medical assistance at once. Early treatment is most important. If you don't have a regular physician, look up a free clinic in the yellow pages, call the local public health department, or visit the emergency room of the nearest hospital but be sure to seek help from some such source.

BIBLIOGRAPHY

1. VD the ABC's by John W. Grover M.D. copyright 1971
2. Everything You Always Wanted To Know About Sex by David Reuben M.D. copyright 1969
3. The Columbia Encyclopedia copyright 1967
4. The Official Associated Press Almanac 1975
5. Time Magazine July 28, 1980
6. The Press-Courier August 15, 1980

FOOTNOTE ***

As you can see from the bibliography, none of these sources was written with transsexuals in mind. Only rarely was even homosexuality mentioned. I don't know what all differences the two may make but if you are in any doubt, see a professional as soon as possible!

H-Y ANTIGEN

We have received a copy of the report done by Dr. Wolf Eicher on the H-Y Antigen and transsexualism. Unfortunately except for brief abstracts the paper is all in German. We are having it translated and may be able to run complete details in the November issue. No promises - We'll see how long it takes to translate.

The abstracts added little to that which we had already reported. Dr. Eicher believes that his test shows two classes of

transsexuals: "genuine" transsexuals who have an h-y antigen in accordance with their gender, and "secondary" transsexuals whose h-y antigen is in accord with their genetic sex.

Although even the English abstracts tell the method for the test and refer to other publications for more details, it has been so far impossible to obtain these tests locally. That is still being looked into and hopefully they will be available before too long.

TALK IT UP

The Voice and Speech Company will be sponsoring a 1 day intensive workshop on voice instruction on Sunday September 28. Morton Cooper, Ph.D., author of Modern Techniques of Vocal Rehabilitation, and more than 60 articles and columns on voice, speech, and language disorders, will lead the workshop and give individual voice analyses.

The workshop will be held from 9am to 4pm in the Monterey Room of the Wilshire Hyatt Hotel, 3515 Wilshire Blvd. LA, CA. The cost is \$95.00. For more details or to make a reservation, call (213) 479-8737, or write Voice and Speech Company of America, 10921 Wilshire Blvd. Suite 400, Los Angeles, CA 90024.

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NATIONAL ORGANIZATIONS

Soon after taking over the editorship of the Gender News, I started writing to just about every source of TS info I'd ever heard about. Lately I've been getting back some mighty interesting replies to my letters. I'd like to share the information about these groups with everyone. After all, they are there for your benefit too.

GOLDEN GATE GUYS/GIRLS

The GGG/G is headquartered in the San Francisco area, hence their name. See page 14 for their address. They publish a 16 page monthly newsletter - much more professionally done than ours. It sells for \$1.25 cover price and a subscription is \$15.00 per year.

They also publish a "Directory of Information & Services". I'd recommend every TV or TS write to them asking about the price and availability of this goodie. In about 1/4" of 5 1/2 x 8 1/2" pages it lists organizations & referral groups, Gender clinics, Counseling centers, electrolysis, wigs, shoes, clothing, entertainment, hot-lines, ghost writing, hair care, and anything else you can imagine - all broken down by state. In the back are sections on Tips, legal info, female hormones, male hormones, and a bibliography.

Even if you don't want a copy of their book, if you know of someone offering service to the TV/TS community why not send them a note telling them about it so that they can include it in their next directory. That way we can all benefit from your knowledge.

In addition to the publications, GGG/G holds meetings in the Bay area and schedules social outings. If you are planning to be in the bay area, be sure to give them a call!

You might also be interested in the quote from C.S. Lewis printed on the cover of their newsletter - "Friendship is born at that moment when one person says to another, 'what! You, too? I thought I was the only one.'"

* Coming next month: - your liver, mental
* health, and much more!

* THE INTERNATIONAL ALLIANCE

* The International Alliance for Male
* Feminism, Inc. is a nonprofit organization
* which attempts to serve as an educational
* agency for professionals and the gender
* dysphoria community at large.

* The alliance publishes a booklet
* type of newsletter several times a year.
* It runs about 40 pages of very interesting
* material. The most recent issue had articles
* on wives of TV/TS's, passing, makeup, DREAM
* and more.

* The alliance also runs pictures of
* their members and performs a mail forwarding
* service. They also make some attempt at
* being a political force and may well
* succeed as they have a very large member-
* ship which is still growing.

* They can be contacted at: The
* International Alliance, BOX 1434, Allentown,
* PA 18105.

* THE OUTREACH INSTITUTE

* The Human Outreach and Achievement
* Institute, Inc. is the full title of a
* non-profit organization which provides
* programs and services nationally to the
* gender dysphoria paraculture.

* For the professional they offer training
* workshops, counseling referral service,
* and lectures and seminars. For the paraculture
* they offer professional counseling services,
* exploration workshops, boutique fantastique
* - a hands-on experience and instruction in
* your preferred gender role, they sponsor
* Fantasia Fair - a 9 day living and learning
* experience in a "socially tolerant community"
* (Provincetown). They also sponsor social
* programs including theatre and dinner
* parties.

* Their future plans include preparing
* a 30 minute educational film on cross-
* dressing, scientific studies of the para-
* culture, followup studies of post-ops, and

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a pre-retirement training program.

Meanwhile they publish a small newsletter (\$6.00 annual subscription), a national directory (\$4.50) and one of the most complete book and reprint lists I've ever seen and all the books are available from them! The catalog costs \$1.50 and lists 24 books and 61 reprints. Truly a worthwhile service considering how hard some of this material is to find! Their address is listed in the Good Stuff dept.

TRANSITION MIDWEST

Not to be confused with Transition Magazine published by CONFIDE, Transition Midwest is an independent non-profit social service agency providing counseling and referrals for TS's, training programs for professionals, and information to the general public.

This was the group referred to on the Phil Donahue show of last February. They sent quite an interesting packet. Among other things it included a "letter from a mother", "letter from a brother of a transsexual", reprints of articles by Dr. Charles Ihlenfeld, and Ronny Taylor, a list of gender identity teams and surgeons, a list of resource groups, a book list, a glossary, employment information, and three papers which I will describe in more detail.

One is a basic fact sheet about transsexualism. It is one of the best one-page descriptions I've seen. It tries to describe transsexualism with some of the typical expressions such as, "A person of one anatomic sex feels that he or she has the mind, emotions, and spirit of the other

* sex." and "a woman trapped in a man's
* body." They do take pains, however, to
* point out that transsexualism is not the
* same as homosexuality, drag queens,
* transvestites, or female impersonators.
* The paper goes on to explain that there
* is a great variation in the personalities
* of TS's - "They may be truck drivers or
* artists; wear jeans or dresses; like
* rodeo or ballet; and be of any race,
* religion, age and political philosophy.
* The only thing they have in common is
* that their bodies do not fit their minds."

* Next they discuss how the gender
* identity is formed by the age of 3 and the
* fact that no one really knows yet why some
* of us become transsexuals. Methods of
* treatment are discussed with the conclusion,
* "If sex reassignment is not done, for
* financial or other reasons, frustration
* and despair may cause a transsexual person
* to turn to alcohol, drugs, prostitution
* or suicide." and "at best, it is a very,
* very difficult situation."

* The next paper is a list of questions
* to ask of your psychologist or psychiatrist
* before you begin counseling with him.
* There are a lot of people in the business
* who are not competent to work with TS's
* and, worse, don't realize their own in-
* competence. (I personally ran into one
* of these). These questions won't prove
* your therapist's competence but they at
* least give you some idea of whether or not
* he knows anything about the subject.

* 1. Have you worked with transsexuals,
* transvestites, or gay clients before? If
* he hasn't leave now! If he has only worked
* with gays he may not realize the difference.
* In my case the shrink had worked with gays
* and two T's both of whom realized, as I did
* eventually, that he didn't know anything and
* left him for someone who did.

* 2. Is transsexualism a form of homosexuality?
* No. Being gay is a question of "what I do"
* or "who turns me on" rather than TS's "Who
* I am."

* 3. What causes transsexualism? Noone knows
* for sure.

* 4. Do TS's have physical abnormalities?
* Can a thorough physical prove whether someone
* is TS or not? No. Usually not although
* some TS's also suffer from pseudohermaphroditis

Klinefelter's Syndrome, etc.

5. Can TS's be cured with therapy or hormones? No. Be careful of a doctor who promises to cure you by prescribing male hormones for the male-to-female. They will not cure you and they will make your conversion more difficult later. At least one person I've met had that problem. Her identity didn't change a bit but beard and body hair started to flourish requiring much more electrolysis later!

6. What are the steps leading to sex change surgery? We will try to print the Benjamin care standards here as soon as we have the current copy and permission to reprint it.

7. Is the surgery still done anywhere in this country? Yes in about 40 medical centers or hospitals.

8. Is there any kind of organization which sets standards of treatment for TS's? Yes - the Harry Benjamin International Gender Dysphoria Association.

9. Are you a member of the American Association of Sex Educators, Counselors, and Therapists (AASECT). If so, you have a better chance (but no guarantee) that the counselor knows something about gender dysphoria.

Good luck.

The last paper was a list of 44 commonly asked questions about transsexualism. Some of the information may be new or interesting to our readers so I will summarize the highlights.

They estimate there are between 10,000 and 100,000 TS's in America and between 3,000 and 10,000 who have had surgery. Their questions bring out the fact that there are both male-to-female and female-to-male TS's and also some gay transsexuals. Their comments on a couple of questions are interesting, "Why would someone choose to go through this? There is very little choice involved. Transsexuals feel a desperate need to have their bodies conform to their minds, and be accepted in the sex they feel they truly should belong to. Remember that gender identity is fixed very

* early in most people; no one chooses to
* become transsexual as an adult. The issue
* is decided by factors outside their control,
* before they have any choice in the matter."

* Another pair of questions are, "Is
* there such a thing as a gay transsexual?
* There are a few. ... A male transsexual can
* undergo sex reassignment to become female.
* Now he is legally a she. If she loves men,
* she is heterosexual according to her
* viewpoint. But... if she is sexually
* attracted to women -- she is a lesbian,
* just like any other woman who loves women.
* But if this person, originally male, wants
* to sleep with women, why go through a sex
* change and wind up a lesbian? People do
* not change sex in order to find bed
* partners or enjoy a particular kind of
* sexual activity. They change sex because
* they want their bodies to match their inner
* feelings, and to live and be accepted as
* their "real" (inner) sex."

* "Do male transsexuals change sex in order
* to live in traditional feminine roles --
* the suburban-housewife-in-a-pink-frock sort
* of thing? No. They change sex in order to
* make body and mind congruent. Some TS's
* are attracted to traditional feminine roles,
* but there are others who are strong feminists
* or career women, and who prefer blue jeans
* to dresses any day. They vary as much as
* genetic women do. In the case of female-
* to-male TS's, some are macho and tough but
* others present a gentle and sensitive
* image of manhood."

* "Is there any kind of medical or
* psychological test for transsexualism?
* No. Ultimately we can tell only by asking
* three questions. Has the individual had a
* persistent conviction that their mind and
* body do not match, since a very early age?
* Are they willing to undergo sex reassignment
* surgery? Can they live successfully as a
* member of their "new" sex?"

* "Does a person who is transsexual always
* know it? Many transsexuals go through a
* long, difficult period of self-discovery,
* where they first think they are transvestite,
* then wonder if they are homosexual, and so
* on. Nobody wants to be transsexual, and it

may take years for someone to accept it in themselves."

"Is it fair to ask your friends to adjust to something like this -- much less your family? Is it fair that a TS has to go through hell to find some peace and happiness? Transsexualism has nothing to do with "fair" -- it just is, and we deal with it."

Obviously I haven't covered very many of the 44 questions. I hope I have passed some ideas that may be of help and also shown that Transition Midwest does indeed understand the transsexual and is a valid source of help.

Coming next month - an editorial on Hobbit Holes? Please support our advertisers and keep the material coming in so we can share it with you all. Jean - Editor.

SOCIAL SECURITY NAME CHANGE

You should have no trouble at all with the social security people. All you need do is get one of their forms for name change (DO NOT use the sample below!) and take it along with some proof of your name to the nearest social security office. The name proof can be a court order of name change, drivers license, work ID badge with picture, or any other document providing identifying data such as a physical description, photograph, or signature.

I walked in, in male clothes having come right from work. I had my form filled out and had a court order with me. They gave me no trouble and as a bonus were willing to change my sex as well with no further proof. Good luck.

Department of Health, Education, and Welfare - Social Security Administration

DO B67

Form Approved OMB No. 72-R121

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4 BIRTH DATE PREVIOUSLY REPORTED (If different from Item 3)

5 PLACE OF BIRTH (City) (County) (State)

6 SEX: ☐ MALE ☐ FEMALE

7 MOTHER'S FULL NAME AT HER BIRTH (Her maiden name)

8 FATHER'S FULL NAME (Regardless of whether living or dead)

9 DO YOU HAVE YOUR CARD? YES ☐ IF "YES," ATTACH CARD ON BACK OF THIS FORM
IF "NO," ENTER YOUR NUMBER, IF KNOWN, IN UPPER RIGHT CORNER AND COMPLETE ITEM 10.

10 WHERE AND WHEN DID YOU GET YOUR FIRST CARD? (State) (Year)

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12 TODAY'S DATE

13 TELEPHONE NO.

14 NOTICE: Whoever, with intent to falsify his or someone else's true identity, willfully furnishes or causes to be furnished false information in applying for a social security number, is subject to a fine of not more than \$1,000 or imprisonment for up to 1 year, or both.
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Return completed application to nearest SOCIAL SECURITY OFFICE

-- CLASSIFIED ADS --

ROOMMATE WANTED! to share experiences with M-F TS. Pets ok. Moving to LA area mid-September. Maxine Jamel 3911 W. Frier Dr., Phoenix, Arizona 85021. (602) 931-0116

IT PAYS to advertise in the Gender News classifieds - 24 words only a buck! What do you want to buy? sell? find? lose? Complete details page 15.

GOOD STUFF



HOTLINES/INFORMATION:

Transsexual Hotline	(213) 257-0500	Carol Katz
Transvestite Hotline	(213) 269-1489	T.E.A.C.H.
" "	(213) 241-9093	Salmacis
TV/TS "Hotline"	(213) 385-8001	Shava D'Arthur (5-11 pm weekends only)
	(408) 734-3773	Golden Gate Guys/Girls

INFORMATION CENTERS:

T.E.A.C.H. (TV Info)
P.O. Box 289
Hollywood, CA 90028

Society for the Second Self (TV Info)
P.O. Box 194
Tulare, CA 92374

RENAISSANCE: Gender Identity Service
P.O. Box 11341
Santa Ana, CA 92711

The Janus Information Facility
Paul A. Walker, Ph.D., Director
311 California St. Suite 700
San Francisco, CA 94104
(Please send \$5.00 donation when writine)

Golden Gate Guys/Girls (TV/TS)
P.O. Box 62283
Sunnyvale, CA 94088

Transition Midwest (TS info)
P.O. Box AA1034
Evanston IL 60204

DIGNITY/L.A. (gay catholic newsletter)
P.O. Box 27516
Los Angeles, CA 90027

Crossdresser's Heterosexual Intersocial Club
(CHIC)
P.O. Box 90382
Los Angeles, CA 90009
(213) 662-2238

Scyros - Nancy Watson (TV Info)
P.O. Box 18202
Irvine, CA 92713

CONFIDE (TV/TS Info)
Box 56
Tappan, NY 10983

Joanna Clark (legal info for TS's)
P.O. Box 2476
Mission Viejo, CA 92690
(714) 493-0397

Oxnard/Ventura T Rap Group
c/o Gender News
P.O. Box 532
Port Hueneme, CA 93041

The Outreach Institute (TV/TS info, books)
Kenmore Station
Box 368
Boston, Massachusetts 02215

"WE ARE" (Female-to-male TS info)
Box 21631
San Jose, CA 95151

Gay Community Services of Christ Chapel
117 E. 8th St. Suite 816
Long Beach, CA 90813
(Counseling for TS's) (213) 432-8047

MEETINGS:

- TS Rap Group - Thursdays 6:30 pm - 9pm Metropolitan Community Church, 1050 S. Hill St. Los Angeles, CA. 50¢ donation. Contact Carol Katz (213) 257-0500
- SALMACIS - Second Saturday each month. 7:30 pm - ?? Unstructured social get together for TV/TS. Donation \$2.00 except GG's and post-ops. covers cost of refreshments. 1409 Garden St. Glendale. Lynda & Ann (213) 241-9093
- SHANGRI-LA - First Saturday each month. Social outings for TV/TS. Call Nancy Watson for time and location. (714) 834-0928.
- SOCIETY FOR THE SECOND SELF - Heterosexual Transvestites. Third saturday each month starting about 7:30 pm. social/educational meetings. \$5.00 charge. For details call Pattie (213) 424-7206 or Carol Beecroft (209) 688-6386.
- OXNARD/VENTURA RAP GROUP - Just forming. social/educational meetings possibly some outings. Call Jean for details at (805) 486-8087 or write c/o Gender News P.O. Box 532 Port Hueneme, CA 93041.

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- Back issues (after Vol 1 # 11) \$1.75

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Full or half page - Please write for quotation stating whether you will supply printed material which we can staple in to the newsletter, or whether we are to print from your artwork. We don't have staff to do artwork ourselves. Sorry.

Classified Ads - Up to 24 words \$1.00. Each additional word 5¢.

All sales are final. We reserve the option to obliterate, mark sold, or take other appropriate action on cancellations. All materials must be in the editor's hands no later than the second last Thursday of the month. In september only, we must have all material by Sept 11, 1980 due to DREAM '80.

-- HANDY ORDER FORM --

All information will be kept in the strictest confidence. Please mail the form to:
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GENDER NEWS



"If a man does not keep pace with his companions, perhaps it is because he hears a different drummer. Let him step to the music which he hears, however measured or far away." Thoreau: Walden XVIII

VOLUME II NUMBER 9

JUNE 1981

GENDER NEWS is an independent newsletter published monthly to amuse, inform, stimulate, and provoke the gender dysphoric paraculture. We try to carry articles of interest to transvestites, transsexuals, concerned others, and the professionals who study and help us. All are encouraged to make suggestions for future articles or, better still, to write articles for us.

Subscription and advertising rates may be found on page 15 along with a handy order form. Please make all checks payable to Jean S. Lawrence and mail them and any other correspondence to:

GENDER NEWS
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FROM THE EDITOR

"Neither snow, nor rain, nor heat, nor gloom of night stays these couriers from the swift completion of their appointed rounds." This famous saying of Herodotus has often been applied to

the post office. In fact, its inscribed on the General Post Office in New York City. It seems rather fitting this month to apply it to the making of Gender News.

Your editor has had a very busy month moving from a house into a mobile home. There was the usual panic ("Where in the world are those 9 pages of already typed Gender News Masters?!"), exhaustion (I estimate I've moved about 12 tons of books namely a cube 10' x 10' x 4', having to move it from one place to another several times to total 12 tons), and other normal moving hassles. At this time we are all moved in though far from settled in! That will probably take months. We are, however back in operation.

Another project ends with this issue and that is the reporting of the Seventh International Gender Dysphoria Symposium. What took only 4 days to present it has taken us 3 months to report! Some of the issues it raised, however, will probably still be being discussed when the next convention occurs.

Judging by the number of people who are renewing their subscriptions and the number of new subscribers, we are doing something right. Please feel free to drop us a note and offer your advice... Jean

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CONFERENCE - CONCLUSION

In this article, we conclude our reporting of the papers presented at the 7th International Gender Dysphoria Symposium which was held at Lake Tahoe last March. This is the third of three parts.

GENDER IDENTITY PROGRAMS

The first paper was prepared by the staff of the Cleveland Clinic Foundation in Cleveland Ohio, and presented by Dr. Schumacher.

The Cleveland Clinic has been involved in the treatment of transsexuals since June 1969. They have evaluated about 200 - 250 patients of whom about 50 have had sex reassignment surgery.

Their basic approach is that a long period of pre-operative observation is desirable before making a decision as to surgical intervention. They intentionally refrain from operating on more than 5 to 10 new patients per year. Despite this slow approach, they have not had any suicides either from their pre-ops or post-ops. Of course, they didn't discuss those who become dissatisfied with their program and go elsewhere. One innovative approach that they use is that they invite their patients back for an open house type visit so they can observe their patients at a time when the patient doesn't have a problem rather than seeing them only when the patient feels a need for therapy.

Dr. Schumacher reported that they adjust their dosage of hormones in the MTF until the testosterone is completely suppressed regardless of how high the required dosage becomes. They were concerned about possible complications such as hypertension, vascular problems, etc but have had no such problems occur.

Various statistics were presented based on the patients seen in their program. The statistics are based on 18 MTF's and 12 FTM's who had undergone surgery. In one case, not all patients responded to the question. In other cases,

I did not get the data for the FTM's. My apologies to our FTM readers. As usual, MTF data was presented first and I scribbled as fast as I could. I suppose there may also be a bias in favor of those facts in which I am most interested. Such is life. In any event, the results were given as follows:

SURGERY:	MTF	FTM
Better than expected -	13	7
As good as expected -	2	4
Worse than expected -	3	1
Would you do it again - yes =	18	12

Did you have parental support? (MTF only)
 Mother - 11 yes, 5 no, 2 deceased
 Father - 11 yes, 3 no, 4 deceased

Are you employed? MTF only

Pre-op - 13 yes, 5 no

Post-op - 18 yes, 0 no

Mental Status (MTF only)

Pre-op - 4 happy, 14 unhappy

Post-op - 17 happy, 1 unhappy

Intercourse post-op MTF's only

inadequate with pain 5

functional and adequate 12

too soon to tell 1

Orgasm with masturbation

Frequently 4

Occasionally 1

Rarely 2

Don't masturbate 8

The next paper was prepared by the Boston Gender Identity Service and was presented by Carol Z. Steinman M.S.W. and director of the Gender Identity Service.

The Boston Gender Identity Service was established in 1972 to help both TS's and TV's. They have had some 245 patients from October 1973 thru October 1979. For reasons not explained, they seem to have a very high drop out rate varying from about 16% for FTM's to about 60% for MTF's. Overall, their service emphasizes psychiatric

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counseling rather than medical or surgical intervention. For example, of 99 MTF referrals, only 5 were granted surgery while 6 received surgery elsewhere. FTM's were more successful with 10 out of 29 getting surgery. The following table summarizes the surgical results:

	MTF	FTM
Average age	29	25
Post-op complications	2/5	5/10
Regrets	0	0
Sexual relations	3/5	10/10
Psychological pathology	2/5	0

In addition to transsexual counseling, some 22 transvestites and 3 concerned others made use of the services. Reasons given by the TV's included a desire to stop corss-dressing, request for help in accepting cross-dressing, and assistance in improving spousal relations.

Because of plane schedules, some of the scheduled speakers swapped time slots. I will present them here in their original sequence rather than in the order given.

Dr. Marc Bourgeois, M.D. of Bordeaux France spoke on "French Experience with Gender Dysphoria Syndrome".

From his report, you should be glad you don't live in France. Some 300 TS's in France have managed to get their surgery though the operation is illegal in that country. Only three post-ops have so far succeeded in getting their birth certificates altered. In France, one must have a national id card and papers to get a job, buy a house, or transact any other business of significant sort. Just recently it has become possible to get an ID card showing your pre and post-op names.

The last paper in this section was by Norman Fisk, M.D. and Judy Van Maasdam both of Palo Alto, California. Their paper was titled, "A Retrospective View and Analysis of Gender Reassignment Programs and Professionals over the 70's. Unfortunately, they painted a rather gloomy picture.

Questionnaires were sent to 50 "treatment providers" (clinics, universities, individual doctors, etc.) Of those 50 sent out, 35 responded (23 universities and 12 non-university providers). Of the 35 which did respond, 6 providers had closed - 5 of them university centers. The following tables summarize the results:

Commitment to Treatment	Univ.	Non-U
Decreasing	10	2
No change	8	9
closed	5	1

The reasons for closing or decreasing their commitment included the following:

- Loss of Professionals or facilities
- Poor fee payments by transsexuals
- Patients were demanding, manipulative, or filed lawsuits
- Loss of peer support (doctor's peers, not patient's peers)
- Sociopolitical and moral pressures

Requests for service	Univ.	Non-U
Increase	10	3
Decrease	4	2
No Change	6	3
Inconsistent	3	4

How do other professionals view those who treat transsexuals?	Univ.	Non-U
Positive reaction	4	2
Negative	1	0
Mixed	16	7
Variable	2	3

A number of general observations were made. More FTM's are showing up all the time. There seems to be a uniform distribution of patients by social class except that large urban areas have a slight overrepresentation of blue collar patients. The providers are encouraged by the results of treatment. Universities seem to be losing commitment more than non-university centers but the non-university centers report greater fee increases. The "fringe" providers didn't respond. ("Fringe" providers are those of dubious quality, reliability, honesty, etc. An example

of a fringe provider might be the elusive Dr. "B" once of LA, or some of the reported horror stories of surgeries in Tijauna.)

The total number of patients treated is minimal compared to the total number of patients. Many patients are likely going to "fringe" treatment resources.

A comparison was made to heart transplant patients. The heart transplant process has high funding and good public relations and peer support yet their success rate is very low. Only one has returned to work and many die shortly after their surgery. By contrast, there are few fatalities associated with reputable transsexual surgeons and many patients have been restored to a productive life.

The Chicago program was reported to have been terminated. Among other problems apparently the fact that they had \$76,000 in unpaid bills in one year alone was considered a minor problem!

Their conclusion was that if transsexual surgery is to be continued in the future, somebody better start doing some good public relations work NOW!

FEMALE TO MALE TRANSSEXUALS

The first paper in this group was presented by John Shen, Ph.D. of the Case Western Reserve University Gender Identity Clinic in Cleveland Ohio. It was titled, "Sociological and Psychological Characteristics of Female-To-Male Transsexuals - A Review of Four Year Clinical Data on 39 Patients".

The statistics presented were obtained from 1) an intake interview, 2) psychological testing, 3) evaluation interviews by the clinic staff, and 4) extensive discussion at the weekly meetings. The usual problems were encountered in acquiring data: The lack of a control group, and the fact that "Gender patients tend to provide the information they feel will facilitate their wishes for surgery". In other words TS's lie a lot!

Only about 20% of the applicants to the clinic were MTF's and they ranged from 16-43 years old with a median age of 21.

Of the FTM's, 59% had an occupation that was consonant with their biological sex. 24% had unsatisfactory job records while 15% never had a job. The remaining 60% had either satisfactory or excellent work records. 49% did not cross-dress at the time of the first interview. (editor's comment: How did they define cross-dressing for FTM's?) Education ranged from 9 to 21 years. 13% had borne one or more children. Arrests were fewer among the FRM's than among MTF's and no history of prostitution was reported. Onset of transsexual wishes ranged from 3 years old to 15 and sexual abuse occurred in 8%.

64% of the FTM's reported lesbian encounters while 36% either denied such or were apparently asexual. The majority reported sexual fantasies consistent with their transsexual wishes.

The FTM's were seen as relatively better adjusted than their male-to-female counterparts. Still, 15% were clinically depressed, 12% were judged suicidal, 33% reported a suicide attempt, 35% had had psychiatric assistance for reasons other than gender dysphoria, 6% had a history of psychoses, and 9% were judged as clinically psychotic at the time of application.

The following tables summarize some of the statistics presented...

	MTF	FTM
White	68%	87%
black	32%	13%
Single	68%	72%
Married	15%	6%
Widow	1%	3%
Divorced	11%	13%
Unknown	0	3%
Living alone	36%	22%
Roommate same sex	12%	44%
Roommate Opposite sex	22%	3%
Living with parents	24%	23%
Other	6%	8%
Close to mother	24%	20%
Close to father	4%	5%
Close to both	6%	13%

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	MTF	FTM
Close to neither	45%	52%
Unknown	21%	10%
Family violence	26%	23%
Another family member with some gender conflict	23%	8%
Current gender identity		
Male		73%
ambiguous		27%
Hate body		39%
Heterosexual		12%
Homosexual (lesbian)		61%
Both		15%
Neither		12%
Daydreams consistent with wishes		64%
Daydreams inconsistent		3%
Not sure		24%
Suicide attempts		33%
Suicide gesture		27%
Patient requested		
Sex reassignment surgery		70%
Therapy		15%
Plastic surgery		9%

There seem to be an unusually small number of black female-to-males. The FTM's were seen as less experienced in the gender dysphoria paraculture and less flamboyant than the MTF's. However, not

all of the FTM's were able to pass.

Dr. Forster M.D. spoke next on "Current Development and Progress in Surgical Conversion of Female to Male Genitalia in the Female Transsexual". The paper was prepared by himself and Charles L. Reynolds, Jr. M.D. Oklahoma City, Oklahoma.

Dr. Forster reported that the Oklahoma surgeries have stopped because the hospital changed hands and will no longer permit them to operate. If I remember correctly, Dr. Forster's talk was the one that had a large number of very well done slides showing the various stages of the surgery. One slide was quite memorable - it showed one of the complications that often arises. An artificial phallus was shown cut open after it had become completely clogged with hair growth inside the artificial urethra!

"Surgical and Psychological Follow-up of Female Transsexuals treated with Phalloplasty and Urethral Reconstruction" was the title of the next paper presented by Edward S. Tank, M.D. and co-authored by Diane K. Pierce, Ph.D.; Ira B. Pauly, M.D.; and Ruth G. Matarazzo, Ph.D. all of Portland, Oregon.

Dr. Tank reported on a procedure of enlarging the clitoris and constructing a phallic urethra from the perineal urethral meatus to the base of the glans. The surgery enables the patient to stand to void but does not provide a penis for penetration during sexual intercourse. Dr. Tank reported on 4 patients who had undergone this process.

All four patients were reported to appear very masculine. They were judged the same or moderately more than the average male on body hair, muscular development, and deepness of voice. All four were in a relationship with a woman and had been for 2-10 years (average 6) at the time of the surgery. The present sexual relationship was deemed very satisfactory in all cases and in each case the TS was thought of completely as a male during lovemaking. All four reported that their sex life was

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much more satisfying after the surgery than three months prior to it. Three of the four reported better sexual activity while one said his activity was unchanged.

The only medical complication was one urethral stricture and it responded to dilation. Only one patient reported that he couldn't stand to void although all four claimed a "good stream" and that they were able to direct the stream. Two were very satisfied and two were moderately satisfied with the results of surgery. The patient who could not stand to void was very unsatisfied with the appearance of his penis while the others were moderately satisfied. This phalloplasty met the expectations of one patient totally and partially met the expectations of the other three.

The most important thing about this particular surgery (and other surgeries too) is that the patient must understand exactly what he is getting: what it will look like, what it will do, and what it won't do after surgery. A patient with unrealistic expectations will likely have a poor psychological adjustment after surgery. This surgical procedure is especially subject to misunderstandings and incorrect expectations. It is, however, a relatively simple operation which can relieve some of the FTM's problems while he waits for better surgical phalloplasty operations.

The next paper was by Diane K. Pierce, Ph.D. of Portland Oregon on "Psychosocial Characteristics of the Wives and Girl-friends of Female To Male Transsexuals".

This study was based on 22 FTMs of whom 18 were married or living with a female and 4 were single. Of all their partners, 15 agreed to participate in the study which consisted of a questionnaire, various psychological tests, and an interview whenever possible. The women ranged from 20 to 58 years of age with an average of 32.1. 67% had an education past high school. 8 of the partners had never previously married, 3 had had 1 prior marriage, and 4 had had 2-3 prior

marriages. Their prior sexual experience is shown by the following table:

Heterosexual experiences

Kiss only	3	
Intercourse	8	(73%)

Homosexual experiences

None	8	(73%)
Initiated by partner	1	
Not initiated by partner ..	2	

All 14 of those completing the questionnaire said they were satisfied with their relationship with the transsexual and that the current relationship was more satisfying than any previous relationship with men. Several of the women described earlier unpleasant experiences they had had with men and many were attracted to the transsexual because he didn't drink, because of his physical appearance, or because his was a quite polite personality. The majority stated that their relationship had improved since hormonal and/or surgical treatment. This they attributed to an increase in the transsexual's self-confidence, assertiveness, and sociability.

Only four of the couples had problems related to transsexualism - in particular, they were:

- Adjusting to relatives
- Old friends
- Accusations of lesbianism
- Body adjustments

Four of the 12 partners who completed the Minnesota Multiphasic Personality Inventory (MMPI) had first met the TS when he was still in the female role. 3 of these four women had MMPI profiles suggesting rebellion against the traditional female role. The other 8 women had more variety although 4 had profiles suggesting a tendency toward social anxiety and withdrawal.

Although the partners claimed they were satisfied in their relationship, the Cornell Medical Index suggested some degree of emotional distress in 11 out of the 12 women who took that test.

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The final paper in this series was by Leo Wollman, M.D. and was titled "The Wives of Post-Operative Female Transsexuals". This paper was not actually presented but the abstract contains some information of interest.

Dr. Wollman claims most are legally married, before or during the transition period. Some wait to marry until after the phalloplasty has been completed.

After the phalloplasty, there are frequent instances of philandering on the part of the "new" male. Apparently this is a delayed phase of "proving one's masculinity." Similar findings have been made for the MTF transsexuals.

Many personality factors are found in common among the wives of the FTM TS's. These include attributes of physical beauty and/or attractiveness, exuding "sexiness" in dress and attitude, noticeable evidence of ample breast development, reticence in disrobing completely before her spouse, inordinate fear of vaginal penetration to the point of a phobia, and frequently vaginismus (spasmodic contraction of the sphincter muscle of the vagina) from a dildo or prosthetic phallus or even during a two-finger vaginal examination by a gynecologist.

The FTM, on the other hand, is often unwilling to expose himself to his spouse during the sex act. He would prefer to be intimate with his wife; exploring her body, but disinclined to allow her to explore his body.

A pre-op FTM is apt to pin a folded towel in the crotch of his trousers to simulate the appearance of external male genitalia until such time as he obtains his phalloplasty.

In conclusion, Dr. Wollman states that the wives fall into a category that can be predicted based on the similarity of psychological processes which attract a general female to a female transsexual. Most of these marriages are stable and long-lasting.

This concludes the factual reporting of the papers presented at the symposium.

I would like to encourage our readers to offer their own comments and/or observations.

ONCE OVER, LIGHTLY

For some reason, May seems to have brought out a lot of gender-related humor. Perhaps the writers sensed that we'd need something to relieve us of reading all those facts and statistics from the convention. Once you become sensitized to transsexual and general issues, you start to see it everywhere. Even an innocent cartoon like "The Ryatts" for example -

Missy: We had a sex education class today!

Mother: Was it interesting?

Missy: Yes'm! We learned all about being a girl! I don't think I want to go through with it!

Then, again, there was B.C.

Bird: What goes, "pinch... Tee hee, Pinch... Tee hee, Pinch... SWAT?

Turtle: I give up.

Bird: A guy in an elevator with 2 girls and a cop in drag.

In Jughead With Archie Comics Digest #45, Moose asks Betty to teach him how to use lipstick and eye shadow! It seems that he (as usual) is failing English and Miss Grundy told him the only way to pass would be to take a make-up test.

Finally, (aren't you glad), What do you get when you cross a negro with an indian? You get a sioux called Boy!

Life is never dull at Good Housekeeping Magazine, they said. A recent picture in that magazine showed their Art Director, Herb Bleiweiss, posing with a Miss USA banner and crown. He was supposedly working on a story in California. I didn't see him at Salmacis, however, did you?

I wonder what they'll have in their next beauty article scheduled for June?

YOUNG MISS MAGAZINE

In keeping with our policy of reviewing magazines that may be of help to TS's or TV's, we decided to try "Young Miss" magazine. I'm afraid we'll have to recommend you give this one a miss.

Young Miss is a small size magazine published 10 times a year by Parents magazine. It seems to be mostly aimed at too low an age to be of value to our readers. There may be occasional articles that you would find useful but there are so many other more worthwhile magazines (such as Seventeen) that Young Miss rated quite low on our list of helps.

JON K. MEYER

On May 12-14, the Masters and Johnson Institute held a seminar on "Current Controversies in Sexology" in St. Louis Missouri. The guest faculty included Jon K. Meyer, M.D. of Johns Hopkins University School of Medicine and author of the infamous Meyer report which has done so much to harm the transsexual community. Also on the guest faculty, however, was Paul A. Walker Ph.D. past president of the Harry Benjamin International Gender Dysphoria Association.

I'd greatly appreciate it if anyone who sees anything on this conference would send a copy to Gender News. Thanks! Jean.

HELP YOURSELF!

I'd seen the advertisements for L'eggs "Sheer Elegance" pantyhose and had had my curiosity perked but had written it off as advertising hype until someone at a Salmacis meeting said they'd tried them and they really were great. Well, I had to try them after that and, surprise, they are nice! Very smooth and silky - almost as nice as true nylons.

There was only one little problem for me - I'm not little! L'eggs sizes only run to midgets or so it seems from my 6' height. Although I could wear their hose, they didn't last worth shucks. Never being

one to give up, I wrote to the L'eggs company and suggested they consider the fact that not all of us out here have pygmie blood in us. I received a nice letter back from them stating, in part, the following:

"We do intend to add styles to the program as time and production permit and when consumer demand is evident. We certainly will consider your suggestion for a larger size when we initiate style changes."

Well, I didn't expect immediate change, but at least they are open to new ideas. If you have similar problems, don't be afraid to write to the manufacturer. If enough of us do so, we will get changes.

The fact that the letter I received was not a form letter was most encouraging. It means they don't get many letters like mine and will probably assume that one letter from a consumer represents a number of other people with the same problem but who are too lazy, etc. to write. That gives each letter written more leverage. So, next time you have a problem, help yourself - while you do, you'll be helping others.

ANN LANDERS GOOFS, AGAIN!

I hate to put Ann Landers down because she has done a lot of good for us in promoting tolerance and freedom of the individual. However, she's usually also willing to take her lumps and I'm afraid she's earned a few more. The following appeared in the paper May 5, 1981...

Dear Ann Landers: Having been readers of your articles for years, may we ask a question? Is it against the law for a man and wife to appear in public in opposite-sex clothing?

Here is how it started: I am much taller than my husband. We get along well together, and we are both normal sexually. The Problem: A few years ago I bought Bill a pair of platform wedgies and asked him to try them on. He objected at first but after awhile he began to enjoy them. This was psychologically important and pleasant for us both. It makes us nearly

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the same height.

From the wedgies it was just one step for him to try on my dresses. With my makeup and a wig, Bill looks prettier than I. He now enjoys cross-dressing and I think its a lot of fun.

A few weeks ago Bill suggested that I wear male clothing so when we go to a restaurant or to the theater we can be a couple.

Our main worry: Is what we are doing against the law? -

WANT TO BE LEGAL

Dear Legal: The only law I know of pertaining to clothing is that adults are not permitted to appear in public without any.

Well, it is a cute answer and certainly not a moralizing "God'll get you" type answer. The only problem is that the couple could get in trouble because there are places where their activity is illegal. I'm sure we all agree that it shouldn't be but the facts are that in places cross-dressing is illegal. (For what its worth, so is eating an ice cream soda on the Sabbath - legislators love to make laws but rarely bother to go back and weed out the old ones.)

A more pragmatic answer would have been that regardless of whether or not their outings are legal, they run the risk of exposure and harrassment. They should weigh the risks against the enjoyment before making their decision. (Of course, we all know which will win out, don't we!)

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MAILBAG

A major purpose in writing is to express my delight in the formation of the Transsexual Rights Committee, with the hope that everyone in our world will support the group, especially since it seems to have the power of the ACLU behind it.

Legal and moral rights should come without effort directly through the Constitution. However, they do not! These rights come only by gaining of political power. And this type of strength can only be gained through what I term confrontation politics. The opposition must be attacked in a direct manner, and beaten. The courts, of course, can be a tool.

The basic problem for the TS/TV is twofold: (1.) the group is very small in terms of total population; and (2.) heretofore, there has been no really effective organization. At one time, I had hoped for the support of the gay liberation movement as it gained strong and effective power. However, I was wrong, and the gay movement may be one of our worst enemies.

I have had extensive communication with the gay libbers, and have become both disappointed and angry with their attitude. While I understand their reasoning, it's nevertheless a highly bigoted position. It is the gay conviction that the general public carries an image of gays as swishing faggots who dress in women's clothes. Put another way, all TS/TV people are gay in the eyes of the general public, and we are injuring the "macho" image gays are trying to get for themselves.

My reaction to this has been anger because the gays should know very well the nature of bigotry. However, it's been said that once the downtrodden get power they become the oppressors. It's tragic but true.

Adding to this situation, we do indeed have some public image problems. In larger cities, the flaming drag-queen hooker who runs flaming down the street to get attention is doing nothing for our cause -- except

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extreme damage! The public gets the idea we are all like that, when actually most of us want to blend into society without being noticed as different. Also, in part, it is this flaming hooker who has brought down the wrath of the gay world on us.

From a public relations viewpoint, there is also one term that I object to because it is inaccurate and does hurt our image. This is the reference to "homosexual transsexuals." I recognize the term was innocent enough in design, a method of noting the difference between us and "heterosexual transvestites". Nevertheless, the phrase (while perhaps medically correct) gives a distorted picture of us.

Most of us in the TS world do not consider ourselves homosexual, but rather totally heterosexual. I have met a very limited number of true TS's who remain interested in women. Without making any moral judgement, I would regard them as lesbian transsexuals. The real point is that almost all labels stink, and are they really necessary?

After all this blagger, my real point was to express delight in the ACLU sponsored organization, and my plan to support it fully.

P.S. Incidentally, it's not hard to type with long fingernails with two conditions: (1.) have an electric typewriter, and (2.) start learning with your nails short. As the nails grow longer, a person automatically starts typing with the tips of the nails themselves. Of course, if you break one (which I do regularly) you have to glue on a fake to even things out.

Sincerely,

Sandra Veaux

Gender News encourages our readers to submit letters on topics they feel are relevant. Such letters will be printed subject to good taste and available space. Opposing viewpoints are always welcome. Opinions expressed are those of the author and are not necessarily those of Gender News.

Don't miss an issue - subscribe!

JANUS RAISES RATES

For those who aren't familiar with the Janus Information Facility, it is a private organization under the direction of Paul A. Walker, Ph.D. Janus provides referrals to psychotherapists or counselors, pamphlets, reprint material, and it also conducts research.

Historically, Janus was located at the University of Texas in Galveston. In February 1976 the Erikson Educational Foundation turned over to Janus their service of providing referrals and literature on transsexuals and gender dysphoria. On June 1, 1980 Janus relocated from Galveston and is now in San Francisco. Some of the pamphlets still available include:

- "Legal Aspects of Transsexualism"
- "Religious Aspects of Transsexualism"
- "Guidelines for Transsexuals"
- "Information for the Family of the Transsexual"
- "Counseling the Transsexual" by J. Money and P. Walker
- "Information for the Female-to-Male" (sent to FTM's only)

names of several TS/TV "self-help" groups

In order to cover their costs, Janus requests an advance contribution of \$12.50 (up from \$7.50) or more when you write. This covers the printing, postage, and secretarial time involved. Extra funds help provide free packets to mental patients, prisoners, the press, and the truly poor as well as allowing Janus to continually update their referral lists and allow publishing additional pamphlets in the future.

In addition to donations, Janus solicits the names of professionals who are willing to be on their referral list, and letters from post-ops concerning their adjustment in their new life.

NOTE - when writing for information, please specify whether you are male-to-female, or female-to-male.

Interested parties may write to Janus at the address listed in our Good Stuff section on pages 14-15.

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TV MOVIE

If it hasn't gone as quickly as it came, "La Cage Aux Folles II" is now playing the local theater circuit. Michel Serrault and Ugo Tognazzi portray an aging coquettish transvestite entertainer and the less flamboyant night-club manager who's been his/her roommate for 25 years. The plot is perhaps trite - a madcap misunderstanding turns the pair of innocents into targets for a pack of murderous secret agents.

While that all may not sound too tempting, Cosmopolitan gave it a good review. The actors were said to give a "bold, compassionate" portrayal of their characters. The story was deemed "more amusing than the original". The reviewer summed up by saying, "In the end, we ignore their gender and applaud their humanity, their valor in the face of ridicule, their capacity for love. That's why I, for one, look forward to La Cage Aux Folles III." Sounds like it might just be some good PR after all.

FACTS OF LIFE

The March issue of Good Housekeeping ran an article titled, "How famous parents told their children the facts of life." The article was relatively uninteresting except that it included an interview with dear old Anita Bryant.

While most of her statements were what one would expect ("Within the context of 'righteous principles' sex is something beautiful..." "A parent should be able to share these truths - they shouldn't come from schools or anywhere else -..." etc.) the introduction was a real gem. She began her statement with the following quote: "Actually I never learned about sex, but after four kids I guess I've learned."

THE COURSE OF TRUE LOVE
NEVER DID RUN SMOOTH

Shakespeare

David "Son Of Sam" Berkowitz has finally met his true love while serving

his time at Attica for murder according to Playboy's reporting of a New York Post article. Unfortunately prison officials have decided to separate him from Louis "Diane" Quirros, a transvestite (according to the article) convict who is serving six to 12 years for robbing a transsexual.

Diane, described as "a real looker", has been taking hormones and has been allowed to grow her red hair down to her waist and to wear self-made makeup. Prison officials refuse, however, to grant her a sex-change operation at the taxpayers expense.

Berkowitz has been transferred to another part of the cellblock and Quirros to another prison "for their own good".

CHRISTINE IN THE NEWS

Christine Jorgensen was in the news again, this time in the March 30 copy of Newsweek. She is trying to make a comeback on the New York nightclub circuit.

Christine returned to the United States in 1953 after her operation in Copenhagen. The press had a field day with her. She said of the Press that, "they followed me everywhere as if they expected me to suddenly do something bizarre - strip off my clothes and run naked in the street. I guess I disappointed them." She used the publicity to start herself on a showbiz career singing in splashy nightclubs like Manhattan's Latin Quarter.

Later she retired to Laguna Niguel, California where she still lives. Since 1971 she has been giving lectures on "gender identity" to college students. Although she has been engaged twice, Christine has never married. She had a face lift in 1976 and today says, "I feel very content with what I am and who I am. I just hope I can grow old gracefully."

MALES AT DISADVANTAGE

Although no definitive studies have yet been possible regarding the life expectancy of transsexuals, the following information regarding males and females

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in general may be of some interest.

While it is true that men are generally stronger in sheer physical strength because of their heavier build and greater muscular mass, women have the advantage when it comes to survival.

Estimates indicate that 140 males are conceived for every 100 females. Because of greater numbers of miscarriages, birth defects, and deaths the number drops to 106 males at birth.

Throughout the rest of their lives, men are plagued with more heart disease, weaker immune systems, and diseases such as hemophilia which affects only men. High cholesterol is considered a risk factor with regards to heart attacks and strokes. HDL (High Density Lipoproteins) seems to reduce the cholesterol level. The male hormone testosterone seems to increase cholesterol while the female hormones seem to promote the production of HDL which lower cholesterol.

And so it goes. Women were once thought to live longer than men because they were protected and subjected to less stress. This seems to have been proven untrue. In 1900 women lived an average of two years longer than men in the US. Today with almost half of the women involved in the work force the gap has increased to 8 years!

DOUBLE STANDARD SEXUAL BEHAVIOR GENETICALLY INSPIRED ?

"The Bio-Sexual Factor" by Richard Hagen is sure to become a controversial subject of conversation. In his book, Hagen attempts to show that the double standard of sexual behavior is a result of the male and female genetic programming rather than a result of cultural and environmental conditioning.

Men tend to be sexually aggressive, promiscuous and easily aroused. Women are more inclined toward monogamy and tend to be seductive coy and less orgasmic. These traits, the author claims, were designed by nature as a means of insuring the propagation of the species.

While Dr. Hagen may or may not be correct in his theory, it seems certain that he is asking for trouble in his book. His views seem inflexible and he has little patience with those who disagree. He gives plenty of circumstantial evidence for his beliefs but offers no actual proof. By being so dogmatic, Hagen has harmed his credibility while by being condescending and belittling towards his opponents he is sure to make more enemies. All in all, the book seems to be lacking in scholarship and professionalism though the theory is, at least, interesting and certainly provocative.

Feminists, please don't send Gender News your hate mail. We merely report them, we don't write them. You can write to Dr. Hagen care of his publishers, Doubleday and Company.

FANTASIA FAIR

As we announced last month, Fantasia Fair will be held in Provincetown October 16-25, 1981. We do have some further information, however.

Registrants must be 18 by October 16. Cost will be \$25.00 for each of the four seminars you choose to attend, or \$80.00 for all four, plus your accommodations costs. The accommodations in P-town are described as "vintage". You may have limited heating facilities and may have to share washroom facilities. Heated rooms with private baths will be assigned on a first come first served basis by special request. A minimum \$100 deposit is required to register. You can choose several different accommodation plans ranging from \$425 to \$535 for the full 9 days.

To get complete details and application, write Eve Goodwin, c/o Fantasia Fair, Ltd., Kenmore Station, Box 368, Boston Mass 02215. You can also phone on Thursday evenings from 8-11 PM EST at (617) 277-3454. Collect calls will not be accepted.

You don't need to worry about your ability to pass. Veterans will help you fit in and consultants are available.

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NO DREAM

We regret to report that there apparently will not be a DREAM this year. Our letter of inquiry was returned as undeliverable. Hopefully DREAM '82 will occur on schedule.

IS TURNABOUT FAIR PLAY?

The following open letter to Male Crossdressers from a wife is reprinted from The Phoenix Monthly-International, the publication of the Gateway Gender Alliance. I'm reprinting it because I think it is highly significant. It is often difficult for us to put ourselves in another's place and to understand how they see us. This letter may help raise our collective consciousness.

"Are you a male crossdresser whose wife does not understand you and your desire to wear female clothing?

Take a few moments to think about how you would feel if your roles were reversed. Your wife wants to crossdress. Not just in jeans and other clothing made for women, that is not crossdressing. She plans to bind her breasts as flat as possible and wear a small towel in her jockey shorts. No more of this nonsense of wearing make-up and doing her hair. Above all, no more shaving her legs or armpits. Maybe even a few harmless hormones in hopes of growing a little bit of a beard. A pipe or a cigar would be a nice touch. You could play a big brother and help her learn masculine mannerisms. She plant to go out in public and use the men's room if necessary. She is really preoccupied with this "other man". Between A and F, how are you going to rate with 'his' freinds? After all, this is just a harmless little, perfectly normal hobby. It won't upset the children or the neighbors at all."

TOO FAT?

Most of us have more body than we really need - expecially the MTF's who are trying to force a male sized body into

female sized clothes. In some countries fat is beautiful but unfortunately, the US isn't one of them. The art of weight loss has become a billion dollar industry but the problem is really simple and needn't cost you anything!

The root of the problem stems from simple facts. Anything you eat has some energy value expressable in Calories. Anything you do consumes some calories. Whatever calories you eat that you don't use up as energy become fat. If you burn up more than you take in, you lose fat. Its just that simple. The way to lose weight then is either to take in less calories or to burn more up.

Exercise is a great way to lose weight. It not only burns calories but tones your muscles and does other good things for you. There are only two small problems. 1) It takes a fair amount of excercise to burn off one pound. 2) You must continue the exercise in order to keep the weight from coming back.

The other method is dieting. Any fad diet may work. You may lose many pounds in even a short time. The catch is that as soon as you stop the diet the pounds start coming right back. Fancy diets are not necessary. A calorie is a calorie whether it comes from a cookie or from wheat germ. All you need do is eat less and you will lose weight.

The Gender News diet is quite simple. Eat anything you want any time you want - just eat a little less than you normally would have done. If you would have binged on 10 cookies, eat only 9. Instead of an extra large slice of pie, make it just a large one. You still have to maintain your new habit of eating less to keep the weight off but you are building new eating habits that you can live with! You never need to crave some particular item because you can have it - just have a little less. You will find that you won't even notice the fact that you are eating less. Almost everyone eats too much anyway so you won't feel hungry. Try for about 2 pounds a week loss. This is an easy goal and you will really feel great watching your weight chart go down!

GOOD STUFF

HOTLINES / INFORMATION:

Transvestite Hotline	(213) 269-1489	T.E.A.C.H.
"	(213) 241-9093	Salmacis
"	(213) 385-8001	Shava D'Arthur (5-11pm weekends only)
"	(213) 501-6935	C.H.I.C. - Sandy Thomas
TV/TS hotline	(408) 734-3773	Gateway Gender Alliance - Georgia
"	(408) 578-9215	Gateway Gender Alliance - Bill (female-to-males)
LA Sex Info Hotline	(213) 666-1015	
Suicide Prevention	(213) 381-5111	

MEETINGS:

- Shangri-La - First Saturday each month. Social outings for TV/TS. Call Nancy Watson for time and Location. (714) 834-0928. P.O. Box 18202, Irvine, CA 92713
- Salmacis - Second Saturday of each month. 7:30pm - ?? Unstructured social get-together for TV/TS. Donation \$2.00 except GG's and post-ops covers cost of refreshments. 1409 Garden St. Glendale. Lynda & Ann (213) 241-9093.
- Tri-Sigma - Third Saturday each month. Heterosexual Transvestites only. 7:30 pm till ?? Donation \$5.00 for refreshments and room. Social/educational meetings. Call Carol Beecroft (209) 688-6386 or Patti (213) 424-7206, or write P.O. Box 194, Tulare, CA 92374.
- C.H.I.C. - Meets every 4 or 5 weeks at an LA hotel. For further details contact Sandy Thomas, P.O. Box 995, Hollywood CA 90028, (213) 501-6935. TV social/educational organization.

INFORMATION CENTERS:

Renaissance: Gender Identity Services
P.O. Box 11341
Santa Ana, CA 92711

Gateway Gender Alliance (TV/TS)
P.O. Box 62283
Sunnyvale, CA 94088

Joanna Clark (legal info for TS's)
P.O. Box 2476
Mission Viejo, CA 92690
(714) 493-0397

Foundation for the Advancement of
Canadian Transsexuals (FACT)
P.O. Box 281, Station 'A'
Rexdale, Ontario
M9W 5L3

The Janus Information Facility
Paul A. Walker, Ph.D., Director
1952 Union St.
San Francisco, CA 94123
(Please send \$12.50 donation when writing)

Transition Midwest (TS info)
P.O. Box AA 1034
Evanston, Ill. 60204

T.E.A.C.H. (TV info)
P.O. Box 289
Hollywood, CA 90028

XX-Club (TS support group)
Rev. Clinton Jones
45 Church St.
Hartford, Conn. 06103

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THE OUTREACH INSTITUTE (TV/TS info, books)
 Kenmore Station
 Box 368
 Boston, Mass. 02215

PARADISE (TV/TS social group)
 J. Lane
 1522 Hardy Road
 Akron, Ohio 44313
 (216) 929-9607

THE LABYRINTH FOUNDATION (female-to-male TS)
 122 Windsor Terrace
 Yonkers, NY 10701

CONFIDE (TV/TS info)
 Box 56
 Tappan, NY 10983

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 Back issues - after Vol I # 11 \$ 2.00 (15 page newsletters)

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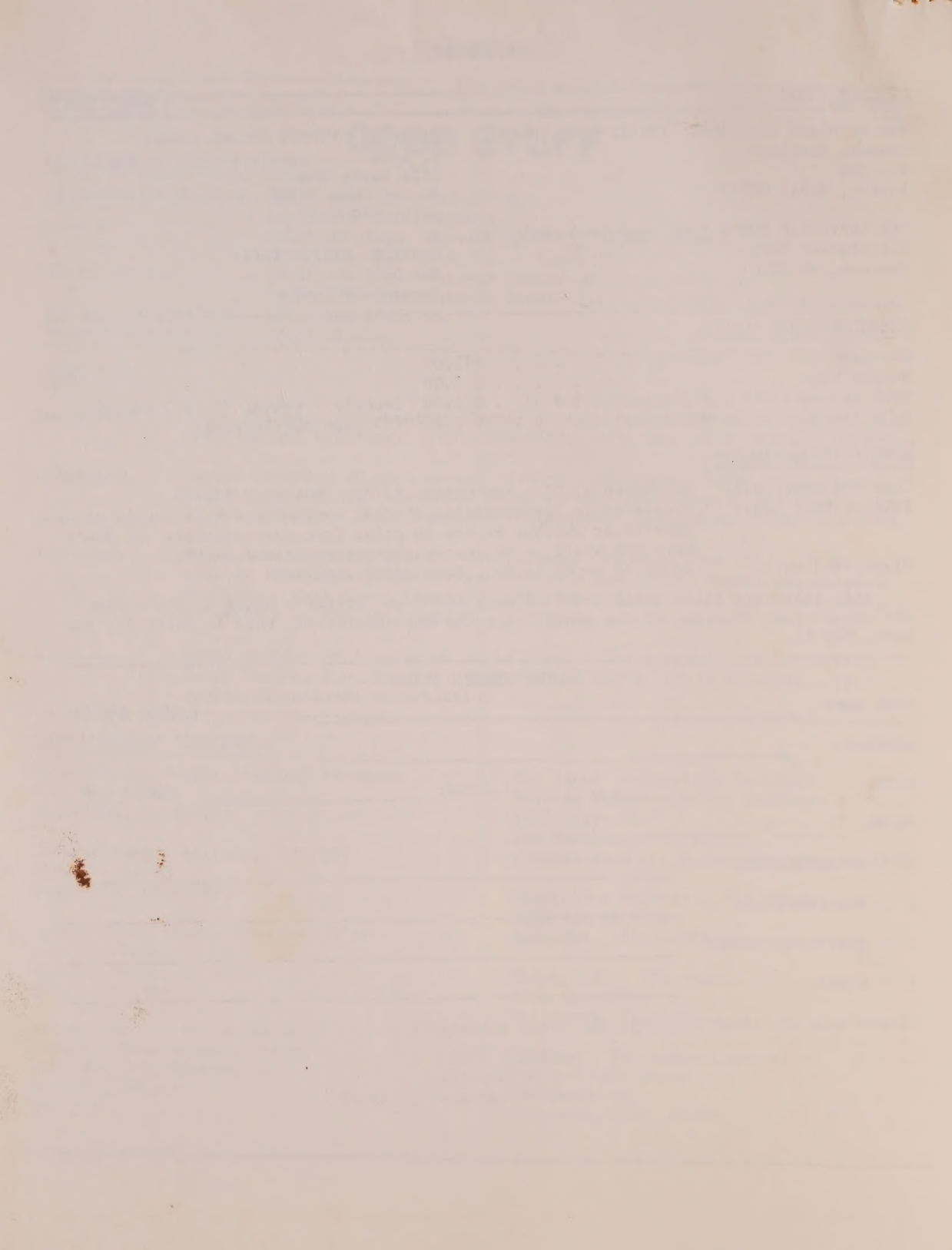
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GENDER NEWS



VOLUME II NUMBER 7

APRIL 1981

GENDER NEWS is an independent newsletter published monthly to amuse, inform, stimulate, and provoke the gender dysphoria paraculture. We try to carry articles of interest to transvestites, transsexuals, concerned others, and the professionals who study and help us. All are encouraged to make suggestions for future articles or, better still, to write articles for us.

Subscription and advertising rates may be found on page 15 along with a handy order form. Please make all checks payable to Jean S. Lawrence and mail them and any other correspondence to:

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FROM THE EDITOR

The big news for March is, of course, the results of the Seventh International Gender Dysphoria Symposium. I was lucky enough to be able to attend and I have chosen to present the convention in as much detail as possible herein. It will take two or three months to cover all the papers presented and probably it will take the full two years till the next such convention to digest all the material and ideas presented! In this issue I have the first 10 pages of my 27 pages of notes!

As a result of the detail in which

the conference is presented, other items of importance have had to be trimmed or cut. Our new contributing editor, Chris Demary is one of the innocent bystanders to this cutting. We have two articles by her ready to run - one on hormones and the other on the hazards of gender reassignment. They will be run at the first opportunity. Sorry for the delay, Chris. I hope you understand.

Coming May 12-14 in St. Louis, MO is another convention titled "Current Controversies in Sexology" sponsored by the Masters & Johnson Institute 4910 Forest Park Boulevard, St. Louis MO 63108.

I will not be attending this one though I wish I could! The infamous Jon K Meyer of Johns Hopkins will be making his first public appearance since his paper "proving" sex reassignment surgery was of no benefit. Also appearing will be Dr. Paul Walker of the Janus Information Facility and Wardell Pomeroy of the Institute for Advanced Study in Human Sexuality, among others.

Also coming up, though still some time off, is the 7th annual Fantasia Fair in Provincetown Mass. It will be held October 16 thru the 25, 1981. For more info, write Eve Goodwin c/o Fantasia Fair, Kenmore Station, Box 368 Boston Mass. 02215.

Have a happy Easter everyone! Jean

THURSDAY RAP GROUP NEWS

The thursday rap group which currently meets at the Metropolitan Community Church, 1050 S. Hill St. in downtown Los Angeles, is looking for a new home.

Transportation to and from MCC can be difficult for those who do not drive and it is not the best of neighborhoods so there is also some risk involved. The rent there is a problem also, with the current size of the group. Chris has been looking for a new site and has found that we may be able to move to the medical building near Melrose and Wilton where the Wednesday Rap group formerly met.

Further details will be printed as they are available.

On other matters, Dr. Dave plans to visit the rap group sometime this summer after school lets out. Again, we will try to announce it here in time for you to make that important meeting.

CONVENTION

By far the most important happening of the month was the occurrence of the Seventh International Gender Dysphoria Symposium which was held at Lake Tahoe, Nevada from March 4 thru March 8. Several members of the LA community, including your editor, were fortunate enough to be able to attend. The bulk of this issue will be devoted to reporting on the papers and discussions that took place at the convention.

The International Gender Dysphoria Symposiums are held every other year. The last one was held in 1979 in San Diego. The next one is not yet scheduled but they are considering holding it somewhere in Europe. The 1981 convention was jointly sponsored by the Department of Psychiatry and Behavioral Sciences, School of Medicine University of Nevada; The Harry Benjamin International Gender Dysphoria Association (henceforth abbreviated HBGDA); and the Division of Continuing Education, University of Nevada-Reno. Ira B. Pauly,

M.D. acted as program chairperson representing the University of Nevada and Paul A. Walker, Ph.D. represented the HBGDA as president of that organization.

Between 120 and 150 persons attended the symposium. Of these, perhaps 20 were transvestites, transsexuals or other "consumers" while the main attendance was composed of M.D.'s - general practitioners, surgeons, OBGYN's, etc., psychologists, psychiatrists, social workers, researchers, and other professional members of the paraculture. The legal and religious aspects were also represented. Most of the well-known people associated with the paraculture were present - both "consumer" and "supplier" although there were some notable exceptions including Dr. Money, Dr. Stoller, Richard Green, Dr. Meyer, and Garrett Oppenheimer. Dr. Benjamin regretted that his health prevented him from attending - he is now 94 years old.

DISCLAIMER:

I very much regret not having taken a small tape recorder with me. Many people had one and it may be possible to get copies eventually. For now, however, I must rely on my notes (about 27 pages), the abstracts of the papers which were published, and on my occasionally faulty memory. I shall try to be as accurate as possible but should I err, please forgive me. If you need more details than are in this issue, please contact the author of the paper or, if the author is not listed, contact Gender News for assistance. The actual papers themselves were not published in a "proceedings" volume (darn it!) but Dr. Walker indicated that this has been a problem with the last two conferences also and that he hopes to abstract the best of the papers from all three and publish them in the Archives (of Sexual Behavior, I assume). Having made my apologies in advance, I proceed with the conference:

WEDNESDAY, MARCH 4 - EVENING

Registration for the symposium officially began at 4pm wednesday. A wine and cheese party followed at 5 pm.

For many, this was a chance to meet old friends and learn what they'd been doing. For others it was a chance to meet new friends. Attendance was light and the conversation tended to be non-technical. I did learn that the Galveston program is alive and well. Two surgeries had been done in the last couple of months and another two were scheduled for the next couple of months. Jude patton and Joanna Clark were both present and we have arranged to review Joanna's new edition of "The Law and Transsexualism - A Handbook For Professionals" in the near future - probably next month.

THURSDAY, MARCH 5 - MORNING

After a continental breakfast (rolls and juice or coffee) and registration for those who didn't arrive the previous evening (snow had closed some of the roads Wednesday night), the actual conference began. Ira Pauly the program chairperson gave a welcome and introduction speech. He reviewed the history of professional interest in transsexualism briefly beginning with Harry Benjamin's work in the 40's. Benjamin began to publish his work in the early 50's and, of course, Christine Jorgensen became news in 1952. John's Hopkins got into the act in the 1960's and Benjamin's book, *The Transsexual Phenomenon* was published in 1966 and became a landmark in the field. The first International Gender Dysphoria Symposium was held in 1969 and has been meeting every other year since that time.

Having been brought up to date on the history, Donald Laub (M.D.; Palo Alto, CA) gave the Keynote speech titled, "Gender Dysphoria - A Body Image Perspective".

Dr. Laub defines Body Image as, "what one thinks other people think of us". His paper attempted to shed some light on Sex Reassignment Surgery (SRS) by comparing it to cosmetic surgeries which also deals with body image. He showed several before/after slides of cosmetic surgery patients and pointed out the body image similarities with SRS.

One example was of a young boy with very large, outstanding, ears. Because other children teased him about his ears and because of his resulting body image, he was a quite unhappy person. Cosmetic surgical techniques were able to make his ears appear normal. Although he may have lost as much as 3dB of hearing (a power of 2) because of the reduced sound reflection area, he was a much happier, better adjusted, and productive person after the surgery.

Other examples ranged from correcting gross deformities to relatively minor "nose jobs", etc. As each successive slide was shown the obvious need for surgery became less and less. In each case, however, there was a positive change in the individual following surgery because of the improvement in their body image. According to Dr. Laub, "Much of the body image surgery becoming so popular in the world today is not based on the existence of preoperative pathology, but rather is based on the prediction of post-operative happiness." He claims that body image, productivity on the job, and self assurance are three interrelated, and interlocked concepts. He further stated that, "the prediction of postop success depends on how close (to) reality the anatomic change on the part of the surgeon is, and on the realism surrounding the ability of the patient to have increased body image, increased self-assurance, and increased productivity on the job." In other words, two things must happen: The surgeon must do a good job, and you must have a good understanding of what the results of the surgery will be like. Those who go in, for example, looking like Phyllis Diller and expect to emerge looking like Racquel Welch are heading for postop adjustment problems!

When cosmetic surgery first began most doctors were skeptical of the process. Those doctors who performed such operations were not accepted by their peers and there was considerable feeling that this was not a valid field of surgery. Since then, of course, times have changed. Now about

3,000,000 people in the United States have had some form of cosmetic surgery. Perhaps in a few years sex reassignment surgery will come to be accepted as well.

The next paper was on "The Development of Gender Identity: Current Theoretical and Clinical issues" given by Dr. Heino F.L. Meyer-Bahlburg of New York.

At the end of each group of papers the authors formed a panel and accepted questions from the floor. In this panel session, Steve Dain posed the question, "What are valid criteria of post-operative success?" Certainly that is a thorny problem and one to which more space should be devoted. We invite our readers to speak to this issue by sending us their thoughts. Historically, researchers have used such criteria as Meyer's "residential mobility (average number of months between moves from one home to another), Job level, and Educational Level". Others have considered income level, criminal record, etc. but are these the most important parts of post-op adjustment? What about the male-to-female who settles down post-operatively and marries to become a housewife. Her income will drop but does that mean she hasn't adjusted? We'd like to share your opinions with others so send your ideas in to the Gender News.

MALE-TO-FEMALE SURGERY

The next session involved 4 papers on male to female surgical techniques. Dr. Wesser of New York spoke first on, "Surgical Management of Complications Following Gender Change Surgery". His paper was rather technical for a non-medical oriented person and the slides were positively gory!

In his experience, the most frequently encountered major complications were rectovaginal fistula (holes between the new vagina (neovagina) and the rectal system), scar contracture of vaginal canal or urethral meatus, and hypertrophy (excessive growth) of the urethral stump.

Dr. Wesser recommended a conservative

approach to the repair of rectovaginal fistula. He claimed that with proper care of the patient small tears can even heal themselves. This involves hospitalizing the patient and using intravenous techniques to put the area of the tear at complete rest so it can heal. The neovagina will probably contract during this procedure but can be restored with dilation later, after healing has occurred. (I hope I got all that right!)

Scar contracture can be relieved by "serial injections of depo-steroids and progressive dilation". If surgical intervention is required, he still recommends a postoperative course of depo-steroid infiltration.

Hypertrophy of the residual urethral stump can occur months or even years after the initial surgery. Minor degrees may be cut off under local anesthesia with electro-coagulation. More extensive hypertrophy may require more extensive surgery under general anesthesia.

Dr. Wesser pointed out that the neovagina does not have the same natural strength as a normal vagina nor does it have the nerves which could sense pain under hazardous stresses therefore the postop is more likely to cause such fistulae as described above.

Also discussed were some cosmetic operations to make the external genitalia more natural appearing.

The next speaker was Dr. Laub of Palo Alto, CA. He presented a paper titled, "The Natural Vagina".

Dr. Laub classified the various surgical techniques available into four categories:

- 1) The penis inversion technique of Burou, Biber, Granato, Morrissey (Casablanca, Trinidad, New York) and several other prominent surgeons.
- 2) The skin graft vagina of Laub, and Forrster/Reynolds (Stanford, and University of Oklahoma)
- 3) Penis inversion, with posterior pedicle (Edgerton, University of Virginia)

- 4) Penis used as a full thickness skin graft to line the neovagina (Barbosa, Tijuana).

In this paper Dr. Laub reported on a "new" technique in which the upper rectum and lowest sigmoid have been used to form a neovagina. This technique has been made feasible now due to the invention of the automatic stapler machine. While intestine has previously been used on occasion, primarily in the case of severe complications of vaginal construction such as rectovaginal fistula and severe stenosis, the particular technique reported had not previously been published.

The advantages of the technique are several:

The vagina won't shrink and you don't need to dilate for extended periods of time.

There is no skin graft donor site scar.

Natural lubrication is present

The odor of the other techniques is eliminated.

There is some nerve sensation present in the neovagina.

Size is not a problem - the vagina can be made "as large as you want".

Nothing is ever free. The disadvantages include the fact that it is a much more complicated operation and the abdominal cavity must be opened. While Dr. Laub is calling it his, "Rolls Royce Vagina" Dr. Biber commented that he felt it may be a viable alternative for some patients but that Dr. Laub would have to do considerable more selling before he (Dr. Biber) would accept it as his normal operation.

Dr. Ted T Huang of Galveston presented a paper on "Reconstruction of the neo-vagina in the Male Transsexual". I'm afraid this one was over my head.

Finally Dr. Biber of Trinidad Colorado spoke. Rather than present his paper on "Some Cosmetic and Functional Progress in the Male to Female Transsexual" which he said would repeat much of what had already been said, he chose instead to

comment and elaborate on the previous papers.

In the question period following the papers one doctor announced that he had devised an operation, which he has never actually performed, that he feels would be a fully reversible MTF surgery. There seemed to be little demand from the "consumers" and little interest from the "supplier" community.

THURSDAY, MARCH 5 - AFTERNOON

The afternoon program was optional. Many of the professionals took off skiing. For those of us dedicated souls, a videotape program was arranged.

The first tape was Dr. Krueger of Baylor Texas on "True Transsexualism vs. Pseudo-transsexualism: Evaluation and Follow-up". This promised to be a high point of the symposium but turned into a disaster. The film was poorly made with terrible audio quality, frequent video glitches, and worst of all, an out of date cliché ridden content. The cases shown were poorly chosen and not representative, the theories presented were ancient, etc. The tape was so bad that the "suppliers" called for the committee to re-evaluate the tape and suggested it should be discarded!

Considerably better was a tape of Dr. Pauly on "Understanding Female Transsexualism". In this tape he interviewed the parents of a FTM and also another FTM and his lover. This tape was well made both from a technical and from a content point of view. The tape presented little in the way of hard facts but it did offer considerable in the way of emotional understanding. Unfortunately I'm at a loss to reproduce that here! It did show one example, however, of a non-transsexual female divorcing her husband to marry a post-op female-to-male.

The final video tape in living black-and-white was "Post operative Male-to-Female Transsexual" by Suzanne Powers of Cleveland Ohio. The first part of this tape consisted of Ms. Powers describing

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the program with which she is associated. Unfortunately I couldn't stay to see the whole tape. I did stay to hear her say that their program which started in 1969 has seen about 150 patients of which about 25% have gotten their surgery thru that program.

THURSDAY MARCH 5 - EVENING

At 4:45 several busses took the entire conference to Reno to the MGM Grand Hotel where we had an excellent dinner and saw the show spectacular, "Hello Hollywood Hello".

FRIDAY MARCH 6 - MORNING

SOCIO-CULTURAL ISSUES

The morning began with a paper by Jean Dixen, M.A. of Palo Alto, CA on, "A Demographic Study of 1400 Individuals Requesting Gender Reassignment". Well, by conference time, the paper only covered 767 applicants to the Stanford program. Wonder where the other 633 went?

This was one of two papers which had available hand outs and its handout is quite dense with statistics. I'll attempt to summarize some of the more significant ones here:

The study is based on 288 FTM's and 479 MTF's. Of the male-to-female's, 131 are post-ops. Of the female-to-male's, 55 had had mastectomies, 33 phalloplasties, and 45 had had both.

The applicants had applied to the program starting in 1969 and continuing thru 1980. The number of applicants seems to have peaked about 1974-1976 and poor stanford couldn't understand why applications had fallen off since then. A knowledgeable titter went thru the consumer part of the audience when that was said!

The average height was (Female/Male) 5'6.6"/5'8.5", average weight was 147.5/147 lbs. average age was 27.3/29 years with ranges 16-67/15-64. Mothers were most commonly occupied as housewives while fathers were most commonly occupied

at skilled manual labor. (Nearly half of the applicants mothers were housewives while the applicants fathers were more evenly distributed over the range of occupations.) About 1/3 of the applicants parents were divorced, and if divorced, the divorce was, on the average, when the applicant was about 8-9 years old.

11/12.5% (F/M) were only children and an additional 42/47% were the first born in the family. Nearly 2/3 of the parents knew that the applicant was TS. Alcohol abuse was present in 17.7/20.2% of the families. Mothers had a history of psychiatric problems in 4.9/.9% of the cases while fathers had such history in 3.8/2.4% of cases.

The applicants had been employed for periods averaging 29.7/31.2 months and ranging from lows of 1 month to highs of 28/35 years. The average education was 13.2/12.75 years with ranges of 6-19/6-22. Hopefully the following table will be clear:

	FTM %	MTF %
Armed Forces service	9.7	34.5
Welfare	4.1	15.6
Criminal conviction	8.5	23.0
Prostitution	1.7	16.8
Drug Abuse	36.1	41.0
Alcoholism	3.1	2.1
Psychiatric hospitalization	4.2	6.0
Therapy	26.0	30.7
Hosp & Therapy	2.8	5.8
Suicide attempt	20.0	25.0
Suicide ideas	11.0	23.0
Genital Injury	2.4	9.4
Married	15.0	19.2
"same genetic sex"	13.0	4.2
"opposite sex"	2.4	14.8
Previous marriage		
same genetic sex	2.8	2.1
opposite sex	11.4	23.2
Children	9.8	14.6
Current partner		
Same sex	63.5	30.7
Opposite sex	2.0	10.0
none	33.0	58.5
Same sex experience	87.2	72.0
Opposite sex exp.	49.0	53.0

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	FTM %	MTF %
Diagnosis		
Psychotic	.7	1.5
TS	36.5	9.6
TV	.0	24.2
Effeminite Homosex.	.0	15.0
Homosexual	4.2	4.5
TS & Homosexual	5.2	.5
TS & Vir Lesbian	5.5	.0
Vir Les & TS	4.2	.0
TS & TV	1.0	.36
TV & TS	.0	2.4
Eff Homo & TS	.0	4.2
Eff Homo & TV	.0	2.0
TV & Homo	.4	2.7
Schizophrenia	1.0	1.0

Some of these statistics look very impressive until a little thought is invested in interpreting them, and until a few questions are asked. The first problem involves "What was being measured". In the case for drug abuse, for example, the statistics include occasional use of marijuana. The "genital injury" category conjurs up pictures of a psychotic with a razor blade. Most cases, however, were simple bruising of one sort or another.

The next question one might ask is, "How do these figures compare with the population at large?" To take an example, consider that the drug abuse figures are mainly for grass and the average age of applicants are 25-27 - I suspect without clinical proof that the applicants show a much lower incidence of drug abuse than would be found in a similarly composed

control group. My final, and perhaps major, criticism is that even though psychologic testing was performed and tentative diagnoses were known for the applicants, yet all statistics were lumped together. Why should we expect the profile of a transsexual to appear anything like the profile for a TV or for a homosexual, etc? All this report really does is to summarize a profile for an applicant for SRS. Is there much value in knowing that? I don't see what unless the information can later be used for diagnostic purposes and when broken down as this report was, the statistics are useless for that purpose.

5.9/14.2 (F/M) of the applicants were rejected. Perhaps the most significant fact is that there was no one question which seems to have triggered the rejection. There were some minor trends. For example, MTF's who had served in the armed forces (34.5% of the applicants) were slightly more likely to be rejected (39.7% of the rejects had served). Still, some 83% of those MTF's having served in the armed forces were not rejected. In other categories the applicants rejected were slightly less likely to be black, more likely to be asian, more likely to have had a housewife mother, less likely to have been an only or first-born child, they were less likely to have told their parents, less likely to have a criminal conviction, less likely to have been a prostitute, the rejected FTM's were much less likely to be a drug abuser, MTF's rejected were nearly three times more likely to have an alcohol problem, The FTM's were much less likely to have had therapy but more likely to have had hospitalization and therapy while having more suicidal ideas but less attempts than the applicants (FTM's) at large. MTF's had nearly double the suicide ideas and somewhat more actual attempts. FTM's were less likely to be married though more likely to have been married previously and more likely to have had children than the non-rejected FTM's. Rejected MTF's were about the same in regard to marriage as the non-rejected MTF's save

that the marriages, if any, were more likely to be to the "opposite" sex and there was a slightly less chance of children from such marriages. Those rejected were less likely to have been on hormones or to have had nay cosmetic surgery. They were also less likely to have cross dressed either in private or in public. They were less likely to be living with a member of the same genetic sex, and were more likely to have had sexual experience with a member of the opposite sex. They were less likely to have been diagnosed as a transsexual and more likely to be diagnosed as transvestite or homosexual.

Perhaps the only one thing that this paper showed was that it probably is not necessary to lie to your psychologist or psychiatrist. There are no simple "red flags" that will get you rejected. The way you present yourself is probably much more important than any single aspect of your past history.

The next paper was by Jan Walinder, M.D. of Hisings Baca, Sweden on "Cross-cultural approaches to transsexualism: A Comparison between Sweden and Australia." His theory was that Sweden and Australia are similar in many important ways. However, Sweden has much less strongly defined cultural gender roles than does Australia. Therefore, he reasoned, if the rigidity of the society with regard to sex roles, sexual equality, and homosexual behavior were a factor in the occurrence of transsexualism then one should see a difference in the incidence rate of transsexualism between the two cultures.

In fact such differences exist. This shows that the societal factors do seem to influence the number of TS's who request sex reassignment surgery. It does not however, prove that those same factors cause transsexualism nor that they promote its development.

The next paper was given by Leslie M. Lothstein, Ph.D. of Cleveland Ohio on "Gender Dysphoria and Psychosis in 4 Black Females." According to Lothstein, Black

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Female-To-Male transsexuals are a very rare minority - much rarer than they should be. Of the four cases encountered, all were diagnosed as schizophrenic. While 15-25% of Schizophrenics have delusions of sex change, only about 5-15% of SRS applicants are described as actively psychotic. One study suggested that up to 40% of SRS applicants may have subtle thought disorders as diagnosed by psychological testing. In any event, the fact that 100% of his black FTM's were psychotic is significant.

Lothstein then hypothesizes that if only severely disturbed schizophrenic black women request SRS, then there might be something about being a black woman that "innoculates" one from experiencing severe gender dysphoria. No proof was attempted and the material available was presented with a request for cooperation in sharing such data in the future in hopes of understanding this peculiarity better.

FOLLOW-UP STUDIES

The next section began with a paper titled "Further Studies on Transsexuals Regretting Measures for Sex-reassignment" presented by Bengt Lundstrom, M.D. of Hisings Baca, Sweden.

This paper reported on 5 previously known and 4 new cases of post-ops who regretted having had surgery. (Yes, it does happen - DON'T let it happen to you!)

The paper listed a number of factors which may suggest that SRS is not appropriate but, as we said earlier, no one thing is

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sufficient to base such a decision on. All the facts must be carefully considered. With that in mind, the following factors may suggest that the candidate is not suitable for SRS:

- Psychotic individuals
- Retardation
- Alcohol or Drug Abuse
- Criminal record
- Inadequate self support
- Inadequate support from one's family
- Physical build
- Completed military service
- Heterosexual experience
- Strong sex interest

Age when requesting SRS (higher ages will have more problems adjusting and there is the well-known phenomena of the "ageing TV syndrome".

I think the above list will evoke some strong emotions and opinions from the "consumer" community so it may be appropriate to do an article on the subject at a later date. For now, we merely present them as they were given in Lundstrom's paper.

The next paper was given by program chairperson, Ira Pauly, M.D. of Reno, NV on "Outcome of Sex Reassignment Surgery for Transsexuals". The following figures summarize the facts of his paper:

	MTF	FTM
Total patients	283	83
Satisfactory results	71.4%	80.7%
Unsatisfactory	8.1%	6.0%
Uncertain	17.0%	13.3%
Unknown	1.4%	-
Suicides	2.1%	0.0%

He said that in determining whether a surgical result was satisfactory or not was made on a very conservative basis.

The next paper was by Sharon Satterfield, M.D. of Minneapolis, Minnesota on "Surgical Sex Reassignment: A 14 Year Experience." This study tended to disprove the infamous Meyer report as well as showing a number of other facts.

Patient's reports of surgical results were shown to correlate highly with objective evidence of such. Those patients

who reported the highest satisfaction with their surgery were the ones who were judged by the examining doctors to have had the best surgical results.

Your satisfaction with your surgery influences other life areas. Those patients who had the poorest surgical results also reported the lowest satisfaction with a number of areas of their life and vice versa.

Nine of 13 post-ops showed a "significant improvement in psychological functioning". Three showed a steady course, and only 1 of the 13 showed a decline in psychologic functioning.

Two other results of the study showed that those pre-ops who are most open about themselves have more trouble adjusting as a post-op. The other fact was that the post-operative adjustment period is much longer than formerly thought - perhaps as much as 10 years!

The next paper was by Rev. Clinton Jones of Hartford Connecticut on "Is Sex Reassignment Surgery Necessary?" Although somewhat apprehensive at the title of his paper, Rev. Jones nonetheless shared some good insights into the problem. He pointed out that although the paraculture has been aware of the suicide potential of frustrated transsexuals, there can also be a form of emotional death which they may not have been studying in other cases. It is not as obtrusive onto their graphs and charts but is none the less debilitating to the person in question. Rev. Jones concluded that SRS is indeed necessary for some individuals.

The final paper in this section, "Post-Operative Transsexuals: Follow-up Study" came from Philadelphia Pennsylvania and was presented by Ralph Fishkin, D.O. The only note I have of any significance on this paper is that their gender program is 9 years old.

The key issue to most of the papers in this section seems to be, "What constitutes a good post-operative adjustment?" or perhaps, "What is a SRS success?". These are not simple questions and again your

input is solicited for future articles on the matter.

One final paper was presented on Friday by a San Francisco lawyer on Transsexualism and Malpractice. Although of great importance to those doctors who work with us, many of them chose to leave for an afternoon of skiing rather than stay for this paper.

The lawyer pointed out many of the pitfalls for doctors in treating T's and suggested several steps that should be taken including improved public relations work, and adding a legal representative to the staff of each gender identity clinic. Professionals treating TS's were cautioned that they have a duty to inform the TS of potential legal problems as well as, of course, possible medical problems. The diagnostic professionals were also warned that they have a duty to inform their patients of alternative therapies available. The lawyer suggested that these sessions of cautionary information should be somehow recorded, preferably on videotape, and saved in case they should be required in a later lawsuit. According to the lawyer, "The patient has an absolute right over his/her body." This caused a question from the floor as to whether refusal of treatment would constitute grounds for a lawsuit. This question was not satisfactorily resolved.

It was brought out that malpractice suits with respect to transsexual surgery would be very desirable to a "hungry" attorney who wants to make a name for him/herself as they lend themselves to a considerable media interest. Likewise lack of legal precedent and lack of medical community solidarity make these cases far from simple.

FRIDAY, MARCH 6 - AFTERNOON

The afternoon was free with an optional bus tour to Carson City and Virginia City. The Carson City mint was, unfortunately, handing out free samples but the tour was quite interesting.

Friday evening was also unstructured and several organizations ran open-houses. I attended an open house given by the Plastic Surgery Center in the city of Lake Tahoe (south shore). They have quite an impressive building complete with rooms for surgery, examination, minor surgery, cosmetology, overnight accommodations, etc. This is Dr. Foster's baby and he is, justifiably, proud of it.

SATURDAY MARCH 7 - MORNING

EVALUATION AND TREATMENT

Thomas M. Brod, M.D. of Santa Monica, CA presented the morning's first paper titled, "The Transsexual Psychodynamic Spectrum: Clinical Quandries Posed by Recognizing Self Pathologies". Dr. Brod's position seems to be that surgery is not necessary in most, if not all, cases. (I hope I'm not misrepresenting him but that was the message I got from his speech.) He claims that "cures" have been effected thru psychoanalysis and that it is a myth that surgery offers the only solution. One or two others also made such claims but little statistical proof was offered. I would wonder how sure these professionals were that their patients were indeed "true TS's". It would appear that more proof is required in this area.

While I felt somewhat threatened by Dr. Brod's paper, I feel that he may have made some of the most significant contributions to the symposium although I fear they were not given the credit they deserved. Dr. Brod defines transsexualism as being caused by a "deficiency in human linking capacity". I'm not too clear on what is meant by linking capacity but I gather it to mean our ability to meaningfully interact with others and to understand ourselves. He feels that patients who "find themselves" thru psychotherapy will then perceive that surgery will not satisfy their true needs. I'm sure that this is true for some TS's however if it were true for all I would expect to see more post-ops who regret their decision. However, Dr. Brod's key contribution in my opinion was that he

suggested that psychotherapy should be completely divorced from the evaluative process. In other words, you undergo psychologic and psychiatric testing to determine whether or not you qualify for SRS. This is fine, and as it should be. However, consumers are often afraid to tell the truth about their past, their fears, and their feelings because they are afraid that the wrong thing will cause their evaluating professional to turn them down for surgery. There should be therapy available for those who want it where the patient could be free to explore him/her self without worrying about producing a negative evaluation. If you are at all rational, you want the best possible treatment for your condition. If psychotherapy has any chance of helping you then you owe it to yourself to try it - it can't hurt and it may save you from a serious mistake. With Dr. Brod's approach you can have both the therapy and the surgery. If, as a result of therapy, you decide you don't need surgery that is your decision - not someone else's. If you decide you do still need the surgery, at best you will understand yourself better and be more confident of what you are doing, at worst you will have wasted some time and money.

Update: I overlooked a sentence in the abstract that clarifies Dr. Brod's position in that he "asserts that 'sex change' procedures may be an appropriate and necessary adjunct to the psycho-therapeutic management of an extremely small number of secondary transsexuals."

Aaron Billowitz, M.D. of Cleveland Ohio presented a paper, co-authored by several people, titled "A Diagnostic Approach to Patients with Gender Identity Disorders".

The paper started by defining the definition of transsexuality as given in the American Psychiatric Associations DSM 3 (Diagnostic & Statistical Manual). Transsexuality is given the code 302.5x where the x is a trailing digit representing the patients prior predominant sexual history as follows:

- x = 0 Unspecified
- 1 Asexual
- 2 Homosexual (same anatomic sex)
- 3 Heterosexual (opposite anatomic sex)

The paper went on to attempt to discriminate between "primary" and "secondary" transsexuals by saying that primary TS's "are those involving lifelong and intense cross-gender identification" while in secondary TS's, "the cross-gender identifications either first begin or evolve at late adolescence or adulthood."

In the 5 year old Case-Western Reserve program, patients with primary syndromes who receive psychotherapy will frequently have such therapy focused on general, non-gender issues. Discussions of gender issues will often be directed towards facilitating the patient's current adjustments and plans rather than attempting to discover the factors that led to cross-gender identifications.

Each case of secondary transsexualism is examined looking for the cause of the syndrome which might be such things as major losses, important identifications, and control of aggressive impulses. The goal of any therapy would be to resolve and work through conflicts to enable "the best possible overall adaptation for each patient, whether it be in the same or in the cross-gender role." Other contributing factors that have been found are separations, declining health, aging, career pressures, and assorted failures.

The next paper was one of the more entertaining ones and offers some insight into the problems that the evaluating professionals face. Its hard enough to understand what someone is thinking and why but when your patient is intentionally (or even unconsciously) misleading you ... Paul A Walker, Ph.D. spoke on "Fictitious Presentations of 'transsexualism' 35 cases."

The cases presented represented patients applying for SRS but who were doing so for reasons other than transsexualism and did not include the "hundreds of

observed cases of persons requesting SRS who were termed to be homosexuals or transvestites in acute depression or anxiety over social stigma." These cases were encountered either at Johns Hopkins or at The University of Texas, Galveston.

Three cases falsified a complete transsexual history including having a print shop fake a psychiatrist's stationery and court records, family cooperation in the deception, and hiring people to impersonate family members and corroborate the transsexual history.

One person impersonated a TS in order to gain access to free hospital room and board, Another was a heterosexual male who admitted post surgically that he faked his TS syndrome in order to obtain castration in an attempt to stop bestiality and exhibitionism. One minister sought reassignment in pursuit of a biblical promise of special powers to eunuchs (see Isaih 56 3-5 and Matthew 19 verse 12). One sought surgery in order to sue for malpractice afterwards, one to avoid the further embarrassment of marital impotence, and one as an anticipated defense against a life imprisonment sentence.

Two people used transsexualism as a means of obtaining social service benefits and to avoid social interaction and responsibility.

Eight cases were reported of homosexuals who claimed to be transsexuals and who requested SRS but who always found reasons for avoiding hormones or surgery when it became available.

One case was found of a person who feigned transsexualism in an attempt to regain an ex-lover after said lover had obtained a sex change.

At least another six cases "displayed elements of dissociated (multiple) personality beyond the mild dissociation seen in many transsexuals."

Three cases represented untreated, or late treated, hermaphrodites with ambiguous (non-polarized) gender identity/role.

There were five cases of post-op TS's who wished to return to their original

gender role.

Finally, one case of a minor was discussed where the minor and family were all eager to cooperate in his seeking SRS until the family was asked to hire a lawyer for emancipation proceedings for the minor. At this point things fell apart and the minor "notably did not complain."

The discussion brought out another point in that androgeny (having the characteristics of both sexes) may be a valid "sex" in itself and it is unfortunate that society forces such individuals to polarize against their will. (Well, most individuals - Keep on truckin' Ari!)

In any event, if you are an evaluating professional, think paranoid. If you are a "consumer" be patient with your evaluator and realize he or she has his/her problems too!

The last paper in this section was presented by Dr. Rhu for Suzanne Powers of Cleveland Ohio. The paper dealt with "Attribution Theory and Its Relationship to the Etiology and Treatment of Transsexualism: Some Paradoxical Considerations." It was not presented in full and will be bypassed here.

TO BE CONTINUED:

This only takes us up to page 10 in my notes! Unfortunately it won't all fit in one issue of Gender News. We will continue from this point next month.

INCOME TAX TIPS

I'm sorry I'm so late on this one. For those of you who wait till the last minute it may not matter. Others may want to consider an amended return if you think this is enough of a help.

Nancy Ledins was kind enough to share with us a letter received by the president of the American Electrologists' Association from a Ms. Mary C. O'Brien of the IRS, JFK Federal Building, Boston Mass. 02203 and dated March 8, 1979.

"Under Section 213, the term 'medical care' means amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body."

"The definition, 'expense paid for medical care' shall include those paid for the purpose of affecting any structure of the body."

"In short, all electrology treatments are deductible."

Good luck everyone and thank you Nan!

ELIMINATE ELECTROLYSIS?

Well, no. Not yet. The April 1981 issue of Good Housekeeping page 110 has an article by Dr. Alan E. Nourse regarding excess hair growth in women. He says that doctors at Walter Reed Army Medical Center in Washington DC are exploring a new approach to the problem.

Excess hair growth is "often stimulated by small amounts of androgen hormones" so "researchers are studying certain drugs that can block androgen activity at the hair follicle itself without altering other body functions in any way." One drug mentioned is cimetidine - a drug widely used for the treatment of peptic ulcers. In preliminary studies, the researchers found that they could reduce the rate of hair growth from 50-75% in four out of five women studied!

The 1981 PDR (Physicians Desk Reference) listed only Smith Kline & French's Tagamet as a Cimetidine product. Users of Tagamet have reported some gynecomastia (enlargement of the breasts) in male patients using the drug for one month or longer. This occurred, however, in only 0.3% to 4% of users depending on the study cited.

Obviously much more research needs to be done before this will be an accepted procedure but it is promising!

GG ?

There has been some complaint about

the use of the abbreviation "GG" to mean "Genetic Girl". I'm not sure what the people's rationalization is for their objection nor why they find the phrase "genetic woman" more acceptable. The only theory I have is that they may be mis-interpreting GG as "Genuine Girl" which I do not consider a valid definition.

This seemingly trivial quibble does raise a couple of important points. I have intended for some time to do an article on the subject of putting labels on people and things - a topic that seems to be of considerable interest to many of our readers. When time and space are available, I still intend to pursue that subject.

The second point is that if you have a comment, criticism, or whatever, please submit it to Gender News in writing so that we can address the subject matter in a more calm, rational, and productive manner. Thank you.

RESOLUTION

The following resolution was presented and unanimously passed at the business meeting of the HBIGDA at Lake Tahoe.

"We the undersigned members of the Harry Benjamin International Gender Dysphoria Association propose, as an item of business, the following statement of purpose which upon future discussion will serve as a principal position of the association before other professional societies:"

"The desire to emulate the behavior of the opposite gender/sex in dress, modes of behavior activities, and the like is a transcultural transtemporal phenomenon. As such, it must be regarded as a natural variant of human behavior which in and of itself is not an illness or psychiatric disorder."

"We hereby move that a committee within the association be appointed to study the above and to formulate a statement of position for the association at its next regular meeting."

We offer the above without comment at this time.

GOOD STUFF

HOTLINES / INFORMATION:

Transvestite Hotline	(213) 269-1489	T.E.A.C.H.
"	"	(213) 241-9093 Salmacis
"	"	(213) 385-8001 Shava D'Arthur (5-11pm weekends only)
"	"	(213) 501-6935 C.H.I.C. - Sandy Thomas
TV/TS hotline	(408) 734-3773	Gateway Gender Alliance - Georgia
"	"	(408) 578-9215 Gateway Gender Alliance - Bill (female-to-males)
LA Sex Info Hotline	(213) 666-1015	
Suicide Prevention	(213) 381-5111	

MEETINGS:

TS Rap Group - Thursdays 6:30pm to 9pm at the Metropolitan Community Church, 1050 S. Hill St. Los Angeles, CA. 50¢ donation. Contact Andy at (714) 628-1796

Shangri-La - First Saturday each month. Social outings for TV/TS. Call Nancy Watson for time and Location. (714) 834-0928. P.O. Box 18202, Irvine, CA 92713

Salmacis - Second Saturday of each month. 7:30pm - ?? Unstructured social get-together for TV/TS. Donation \$2.00 except GG's and post-ops covers cost of refreshments. 1409 Garden St. Glendale. Lynda & Ann (213) 241-9093.

Tri-Sigma - Third Saturday each month. Heterosexual Transvestites only. 7:30 pm till ?? Donation \$5.00 for refreshments and room. Social/educational meetings. Call Carol Beecroft (209) 688-6386 or Patti (213) 424-7206, or write P.O. Box 194, Tulare, CA 92374.

C.H.I.C. - Meets every 4 or 5 weeks at an LA hotel. For further details contact Sandy Thomas, P.O. Box 995, Hollywood CA 90028, (213) 501-6935. TV social/educational organization.

INFORMATION CENTERS:

Renaissance: Gender Identity Services
P.O. Box 11341
Santa Ana, CA 92711

Gateway Gender Alliance (TV/TS)
P.O. Box 62283
Sunnyvale, CA 94088

Joanna Clark (legal info for TS's)
P.O. Box 2476
Mission Viejo, CA 92690
(714) 493-0397

Foundation for the Advancement of
Canadian Transsexuals (FACT)
P.O. Box 281, Station 'A'
Rexdale, Ontario
M9W 5L3

The Janus Information Facility
Paul A. Walker, Ph.D., Director
1952 Union St.
San Francisco, CA 94123
(Please send \$5.00 donation when writing)

Transition Midwest (TS info)
P.O. Box AA 1034
Evanston, Ill. 60204

T.E.A.C.H. (TV info)
P.O. Box 289
Hollywood, CA 90028

XX-Club (TS support group)
Rev. Clinton Jones
45 Church St.
Hartford, Conn. 06103

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THE OUTREACH INSTITUTE (TV/TS info, books)
Kenmore Station
Box 368
Boston, Mass. 02215

PARADISE (TV/TS social group)
J. Lane
1522 Hardy Road
Akron, Ohio 44313
(216) 929-9607

THE LABYRINTH FOUNDATION (female-to-male TS)
122 Windsor Terrace
Yonkers, NY 10701

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Tappan, NY 10983

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VOLUME II NUMBER 6

MARCH 1981

GENDER NEWS is an independent newsletter published monthly to amuse, inform, stimulate, and provoke the gender dysphoric paraculture. We try to carry articles of interest to transvestites, transsexuals, concerned others, and the professionals who study and help us. All are encouraged to make suggestions for future articles or, better still, to write articles for us.

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FROM THE EDITOR

We have good news this month, or at least, I hope you will think it good news. I've been prevailed upon to remain editor of the Gender News for the foreseeable future. The article on page three will give some of the story and the rest will surface in a future issue - probably not for a couple of months yet. The person most responsible for the decision was Chris Demary who has signed on as contributing editor and who will be submitting articles on a regular basis. That takes a lot of load off my shoulders.

I've said all along that I've received more assistance on this newsletter than any other I've worked on and that's great! Please keep up the good work. This month's thanks go to Bill for his article on interviewing and for passing me newspaper clippings relevant to our audience, to Heather for sharing her tips on eye makeup, and to Bobbie for introducing us to Dr. Libido. We couldn't do it without your help.

I am scheduled to attend the big conference written up last month so we hope to have some good stuff from it next month. Till then, happy St. Patrick's day and April Fool's day. Jean S. Lawrence



Erin, Go Bra!



NEW GROUP

A new TV club has formed in the Oxnard area. "The Midnight Angels" will be meeting one Saturday a month at the Saticoy community center. Currently membership consists of about 6 TV's of Spanish-American ancestry however the founder, David M, says they welcome anyone to their meetings. For more information, write them at P.O. Box 6181, Ventura, CA 93006.

RESOURCE LIST

The Lesbian News announced the 1981 edition of the resource reference list for the Southern California Women's Community. It was included in the January issue of The Lesbian News and lists Accountants, Legal services, Bars/Restaurants, Bookstores, Centers, Counseling, Doctors, Educational and Professional associations, Gay Student Unions, Hotels, Hotlines and Social Services, Gifts/Art/Jewelry, Music/Production Companies, Printers, Publications, Realtors, Religious Organizations, Services and Products, Social Organizations, and lots more! If you haven't already gotten a copy, you can still get one by sending \$2.00 to Jinx Beers, 6507 Franrivers Avenue, Canoga Park, CA 91307.

Jinx is also the publisher of The Lesbian News.

WOMEN'S RIGHTS HOTLINE

The Lesbian News reports that Women USA has established a toll-free hotline to report timely information on women's issues. Call 1-800-221-4945 to hear a recorded message, usually Bella Abzug, with the most recent info. Contributions may be made to Women USA, 76 Beaver St. New York, NY 10005. (Yes, that's really their given address!)

HOW TO WRITE TO YOUR CONGRESSMAN

E.Y. Harburgh once answered the question of whether a person should write to their congressman by pointing out that, "Each congressman has two ends - a sitting and a

thinking end. Since his whole career depends upon his seat, why bother?" Well, there is some truth to that for some congressmen some of the time. Still the fact remains that there are some good, responsible people elected and they are interested in hearing what you have to say. It is important that you write them and express your views. The Gay Rights National Lobby has written a booklet called, "Some helpful hints for writing to congress" and it is available from GRNL, P.O. Box 1892, Washington D.C. 20013. Again, thanks to the Lesbian News for this information.

TROUBLE FINDING BOOKS?

If you are having trouble finding books on transvestism and transsexualism, try a bookstore called "A Different Light." They are located at 4014 Santa Monica Blvd, Los Angeles CA 90029. (about two doors west of the Blue Nun Cafe at the intersection of Santa Monica and Sunset.)

They have several books on the subject in stock including (when I was there a couple of weeks ago) Harry Benjamin's The Transsexual Phenomena, and Mario Martino's Emergence. They also do business by mail and their catalog is available for, I believe, \$1.50. Tell them you saw it in the Gender News.

ANOTHER LAWSUIT

Four post-operative transsexuals in San Diego have filed suit against a team of doctors who reportedly performed at least 15 sex reassignment surgeries since 1978 at the hospital operated by the University of California School of Medicine.

The suit, filed by attorney Elizabeth Sax who is herself a transsexual, claims fraud and negligence in sex change operations and seeks unspecified general and punitive damages. The doctors were charged with intentionally and negligently inflicting emotional stress upon the transsexuals.

The interesting thing about the

lawsuit, to your editor at least, is not the facts of the case but the reactions of people upon hearing of the case. It seems that everyone's first opinion is that this is another group of post-ops who want to try to make a quick buck by suing their doctors. I hate to think that we have somehow gotten such a reputation. Unfortunately it's true that doctors have many times been stung by ungrateful patients. It is also true that many doctors and very many people on hospital staffs are not considerate of the special needs of their sex change patients and do in fact inflict such emotional trauma.

Rather than performing destructive acts such as gossiping about this or similar cases, why not wait and see who the court decides was really at fault? Gossiping can further harm the image of the transsexual and tends to limit the number of doctors who are willing to take the risks to help us. Is that what you want? These particular doctors stopped taking new patients last year. If you must do something more active why not help spread a positive image. Write down how you feel you should be treated when you enter the hospital for your surgery. Try to be explicit about where you feel you should be lodged (men's ward, women's ward, a special ward, private room, or what) how should you be referred to (Mr, Miss, Ms, etc). Should you be treated differently before and after the surgery? What else do you feel on the subject. All enlightening replies will be published in a future issue. I will also make an effort to insure that at least some hospitals see these letters.

TS NEWSLETTER DIES

After 14 excellent issues, TRANSITION newsletter has ceased publication. It was published irregularly by Confide, Personal Counseling Services, Inc. Box 56 Tappan, NY 10983.

Confide announced that economic circumstances forced the decision and that

subscribers with issues remaining on their subscription would receive a credit and a 25% discount towards their other offerings. This includes back issues of Transition, interview tapes, and consultation by cassette, letter, or in person.

We regret the passing of Transition because they did a fine job on the 14 issues they did produce, interviewing some of the top names in transsexualism from Harry Benjamin on down. They seem to have been the only major national newsletter based on the east coast. This leaves (to my knowledge) only Phoenix published by Gateway Gender Alliance and the Femme Mirror published by Tri-Sigma. (Hopefully Gender News will soon join the ranks - see below.) If anyone knows of any other major newsletters, please drop a note to the gender news to let us know. (Femme mirror is strictly transvestite oriented.)

GENDER NEWS NEWS

Well, the doubts are resolved and the future of the Gender News is assured. Not all of the story can be told yet but good things are definitely in store.

Jean Lawrence has been prevailed upon to remain as editor. In fact she has also assumed some of the duties that were being handled by Sheila, the publisher, including mailing the newsletters and handling the finances. Sheila will still be responsible for printing. Meanwhile, Chris Demary joins the staff next month as a contributing editor and she will be writing a couple of pages of the newsletter each month thereafter.

We hope to expand both our readership and our advertising within the next six months. Our coverage will begin shifting somewhat from the regional, LA, picture to the national or possibly international scene. We hope you will agree with these plans.

In keeping with the postal rate commission's approval of an 18¢/17¢ postage rate structure and other financial forces,

you will notice that our cover price has climbed to \$2.00. We hope that that will remain firm for some time and possibly decline if we start achieving some economies of scale with larger printing runs. Our one year subscription has also been raised to \$12. We hope you will feel that we're still worth it. If you don't, please let us know what we're missing that you would like to see. We always appreciate feedback from our readers.

----- YOU NOW HAVE CIVIL RIGHTS IN HOUSTON

The february issue of Playboy magazine reported that the Houston Texas city council rescinded an ordinance that prohibited, "Appearing in public dressed with the intent to disguise his or her sex as that of the opposite sex." A federal judge had decided the law violated the civil rights of transsexuals and the Houston police legal department acknowledged that an arresting officer would have no way of knowing if a suspect were a legal transsexual or an illegal transvestite or what the difference was. The decision noted that dressing in clothing of the opposite sex is frequently a part of the treatment preceding a legitimate sex-change operation.

Playboy also reported that the Fifth US Circuit Court of Appeals in New Orleans has ordered a lower court to reconsider whether or not a state Medicaid program may be required to pay for prescribed transsexual surgery.

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ANN LANDERS

Its been a busy month or two for Ann Landers. Often her column is relevant to us in one way or another and At least four of them have been since we last printed one of her articles.

One reader's letter was printed on January 14 telling of her 13 year old son who enjoys trying on ladies' undergarments. Ann suggested that she get a copy of the Ann Landers Encyclopedia and "read up on transvestism - as well as homosexuality, bisexuality, child molesting, transsexualism, and exhibitionism. Most people don't know one from the other." Ann went on to say that she suspected the child had transvestite tendencies but, "This does not necessarily mean he is a homosexual. Many transvestites marry and have families. (Some homosexuals do too.) Generally speaking, transvestites get their jollies from dressing as women - and this is the extent of their bizarre behavior."

Another letter from a heterosexual transvestite asked for her opinion on when to tell the children about daddy's transvestism. Ann replied that he should stay in the closet as long as possible where children are concerned. She said she saw no useful purpose in telling them and suggested that it would only confuse them and possibly encourage any boys to imitate daddy.

A letter and Ann's response on the subject of pot-smoking seems relevant. According to Ann's experts, "Pot smoking lowers the testosterone level significantly." This seems to tie in nicely with other reports that pot causes breast enlargement in some people. While we certainly aren't advocating pot smoking, we would suggest that if you smoke you should mention it to your doctor so he can prescribe your hormones with that in mind. On the other hand, if you are a female-to-male, you may want to consider giving up your grass since it may conflict with your male hormone therapy. In any event, now you know!

Ann also has a sense of humor and

every now and then she prints a "goodie". The following story goes well with the upcoming April Fool's day...

"Several years back a few of the guys in the country club locker room were astonished to see big, husky, Mike strip down and disclose a pair of dainty, feminine panties. "Why Mike," I said, "this comes as quite a surprise. Just how long have you been wearing ladies' underwear?"

"Well," he replied, "ever since my wife found them in the glove compartment."

BOOK REVIEW

HORMONES AND ME by Sally Douglas

This is a 16 page, 7" x 8½" booklet mostly about hormones. Half of one page is an advertisement, 2½ pages are on beard cover, and 1 page is pictures showing breasts. While there is rather a lot of space in the article wasted on Ms. Douglas' sex life, she does address the pros and cons of having real breasts of your own - both for TV's and for TS's. Other methods of obtaining breasts are discussed as well as how to find a doctor, hormone types and dosages, why overdosage won't help you, and withdrawal symptoms. Her bibliography is not too impressive listing issues of "Female Mimics" magazine (a rather good one of its genre) but few solid scientific works on the subject of hormones. The only real book that may discuss hormones with respect to transsexualism is Harry Benjamin's The Transsexual Phenomenon.

On the positive side, the booklet does say much that needs to be said and it was only \$2.95. With the booklet I received an unadvertised rebate coupon good for \$2.00 off any \$3.50 or more publication. So, at 95¢ it was a steal.

Very little seems to be available to inform the trans community about hormones for T's. This booklet is, perhaps, a start. Just remember that the author is not an MD and that there is a lot of variation from one individual to another. Always consult with your doctor if you have any questions about your own hormones. He's in a much better

position to advise you accurately than any book or street rumor!

* * *

EMERGENCE by Mario Martino

Emergence is yet another biography of a transsexual. Why spend the \$2.50 for the paperback? you might ask. Aside from the fact that it is very well written and aside from the fact that even the worst of the biographies frequently helps us understand our own motivations better, Emergence has one feature that makes it different from all the others -- It is the story of a female to male TS.

Like many transsexuals Marie had to try suppressing herself first. In her case, she tried to hide behind the convent walls by becoming a nun. It rarely works and, of course, in her case it didn't either. Finally, having accepted her fate, she shows the drive needed to succeed in changing sexes, the problems with schooling, jobs, love life, etc that we all are familiar with. Finally successful, Mario still doesn't forget his roots. He founded a group to help other female-to-male TS's - an all too often overlooked group.

Obviously the female-to-male's will want to put this on their must list. Less obviously, the male-to-female's should also read it. It gives a new perspective on the whole sex-change picture and lets you see it in a different light.

Speaking of a different light, you can get Emergence at A Different Light 4014 Santa Monica Blvd. Happy reading.

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A DIFFERENT INTERVIEW

As a personnel manager one part of our job is the hiring or screening interview. Just how do we view the job applicant? What do we look for in the nebulous world of job placement?

No matter your sexual, social or economic level, there are certain criteria we all look for even if they are cliché ridden:

- 1) APPEARANCE -- we too are human, the neat, clean, attractive applicant by far is more desirable than one who isn't.
- 2) HONESTY -- candidness without dramatic effect is really the best policy.
- 3) SELF APPRAISAL -- a brief evaluation of the skills you are selling to the employer. (Exhibit a little confidence!)
- 4) DIRECT QUESTIONS -- questions related to wages, insurances, working conditions, employee turnover are expected and should be answered.
- 5) AVAILABILITY -- when can you start if hired? A simple but little statement by most applicants.
- 6) VAGUENESS -- Don't be! Vagueness breeds distrust.
- 7) DIRECTNESS -- Keep your dialogue brief and direct. Most applicants have a tendency to digress. It is not necessary.
- 8) LAST BUT NOT LEAST -- get a commitment from the employer -- yes, no, will call, when, etc., and suggest you call back at a specific time and date.

None of these guarantee a successful job placement, but when the decision is made those following these suggestions will eventually be chosen.

One thing to keep in mind at all times: The employer is trying to fill a job opening. They need the skill or would not be interviewing. If you have the skills, sell those skills. All other suggestions will reinforce this one all-important facet of getting the job you want. Don't forget, you have skills for sale -- we want to buy them.

BEAUTIFUL EYES

A tip for making eyes look bigger and more exciting comes from Heather.

Take either a white or pale blue eye shadow pencil and warm it by rolling the tip between your thumb and index finger. Run this pencil along the lower rim of your eye. This can be accomplished easier by pulling the lid down and away from your eyeball with one hand while you skim the surface of the rim with the pencil held in the other hand. This white or pale blue will be seen as part of the whites of the eyes and optically creates larger eyes. It is excellent when being photographed as it makes the eyes come alive. When working around the eyes like this, be sure the tip of the pencil is not too sharp!

HOW TO BUY A BRA

Before you go out to buy a bra the first time, there are at least two things you should do - measure yourself for size and study the types of bras available.

To determine your bra size you must make two measurements. First measure around your body just below your breasts where the bottom band of your bra will be. To this measurement, add 5 inches. Since bras only come in even numbered sizes, you will have to round up to the next even number. For example, if you measured 33 inches you would add 5 to get a bra size of 38 inches. If you had measured 34 inches, adding 5 would give 39 and you should buy a size 40 bra. Next you must measure around the fullest part of your bust. Compare this measurement to the bra size just computed and determine your cup size from the table:

BUST MEASUREMENT	CUP SIZE =
Up to 1/2 inch larger than bra size	AA
Up to 1 inch larger than bra size	A
Up to 2 inches larger than bra size	B
Up to 3 inches larger than bra size	C
Up to 4 inches larger than bra size	D
Up to 5 inches larger than bra size	DD

Now you know your size and you need to do some research to learn about the types

of bras available to you. Watch the newspaper and magazine ads. Look in a Sears or Penny's catalog. You may want to send for catalogs to Lane Bryant or Roaman's or similar companies. Study the descriptions, size ranges, prices, and colors. (The latest Roaman's catalog has about 6 pages of bras!) There are many different types. Some are designed to minimize your bust size and most T's will probably want to avoid these. Others are designed to turn nothing into something (An old slogan went, "What God has forgotten, we fill with cotton!") while most are designed to support, protect, and perhaps shape a normal breast. Most bras sold are white though the beige colored bras are gaining popularity. Beige has the advantage of being harder to see under clothes should you expect to wear them under your male attire - They are NOT invisible however, use caution. For a dramatic effect, black bras are readily available and many other colors are also offered. Styles vary from the very sheer and feminine lacy bras to the sturdy longline bras which also help hold in the abdomen.

For your first attempt you should probably stick to a simple white or beige bra, not strapless, possibly with an underwire (particularly if you have some breast tissue). Such a bra should cost perhaps between \$3 to \$6.

Now you know what you want and what size. Any salesgirl's questions won't panic you because you also are familiar with some of the many varieties and terms used. You are ready to make your first purchase. Depending on how adventurous you feel, you can fill out that order blank and mail in your order or you can go to almost any store from dime stores to department stores to specialty shops and buy in person. You may have some problems finding odd sizes - 40A is NOT common! Have faith though. Most sizes can be found with a little perseverance and a bit of luck combined with some intelligent planning. You might start with the yellow pages and call several

types of stores to see who carries your size. This may save you a lot of travel time

For those who are blessed with a "fried egg" body, many bras are available with padding or with a pocket built-in in which to place padding. Some dime stores sell foam rubber prostheses which are inexpensive and reasonably satisfactory. Of course you can scorn the \$3 foam model and choose instead a \$300 silicon filled gel sack which looks a little more realistic -- it all depends on what you can afford and what you feel comfortable with.

QUICKIE TIPS

The following list of Do's, Don'ts, and suggestions are taken from the notes I made at DREAM '80.

Your makeup ritual should consist of 4 steps: Cleansing (cleansing cream), Toning, Lubricating (Mink oil), Protecting (makeup).

Wash your hair in tepid water. Rinse with cool which helps remove tangles, closes pores, and strengthens your hair.

When using makeup, remember that dark colors appear to recede and look smaller while the opposite is true for light colors. If you have a wide nose, you might want to use a slightly darker color on the sides of it to make it appear narrower. A lighter color on the cheekbones will make them appear more prominent and feminine.

Don't put cologne on under the ears as is commonly done. The smell rises and has little effect. Instead put it on the backs of your knees and between the upper thighs. According to the instructor, "Wearing a scent is like brushing your teeth - a necessity."

Don't apply makeup with your fingers - it is messy and unsanitary. Use a makeup sponge.

You may want to apply blush to the tip of your nose and chin (blending well!) to reduce their apparent prominence.

Evening makeup is usually lighter and brighter than daytime makeup. A makeup mirror with day/night lighting is a good buy.

A facial can be of dramatic help in enhancing/preserving ones beauty. It helps clear the pores and brings out dirt and ingrown hairs etc. It also makes one feel pampered and excitingly feminine. The process is relatively simple:

First apply astringent to your face. Next apply your mud pack. You will feel your face tightening as it dries. When it has completely dried remove it with water. Apply the astringent again. Finally apply moisturizer and massage your face. Now you are ready to apply makeup. You should be able to see the difference!

Keep your knees together at ALL TIMES! this is probably the rule most often violated by TV's and many TS's.

Shoes are an often neglected part of a T's wardrobe. There are several guidelines that can help. Boots should only be worn from September thru March (fall and winter months). Your dress or skirt should reach the top of your boot - there should be no open leg showing. Short boots should only be worn with pants. Your shoe color should never be lighter than your hem line. (otherwise attention is drawn to your feet). White shoes may be worn when its 85 degrees or hotter outside and give a cool look. Bone color shoes can be worn all year - perhaps with white wool in winter and with pastels in summer. Patent leather should be put away after Labor Day and may be worn again with the daffodils. The reason for this is that cheap patent leather cracks in the cold so it has become a fashion rule.

Textured hose must blend with the hemline and should never be worn with white shoes.

Handbags (we were instructed never to say purse) should be chosen with your size, build, height, etc in mind. A large person with a tiny bag can look just as noticeable as a tiny person lugging a suitcase. If you are wearing tailored look clothes you should also have a tailored bag - no raw leather edges, etc. Don't use straw or canvas bags in winter. Your shoes and handbag should be a reasonable match.

You can have lots of fun with scarves. One simple trick is to fold a scarf in 1"

folds then wrap it around your neck and tie. The ends will accordion out. A long scarf can be wrapped around your neck and pinned low down or you can use a ring as a neckerchief slide. Wearing a scarf in the morning helps because any makeup stains from your fresh makeup will then get on the scarf which you can take off rather than on your blouse. For this reason you should always wear a scarf with a good coat. A somewhat more complicated trick with a scarf is to form a roseatte. Wrap the scarf around your waist and use it for a belt. Twist the ends together until you have what amounts to a tight rope. Allow this "rope" to curl around then push part of the end thru the hole in the middle of the curl to hold the whole thing in place.

When carrying a shoulder bag, the bag should hit about hip level. You should never put the weight of your hand or arm on the handbag - it is a good idea, however, to grasp the strap of the shoulder bag. This gives you better control and reduces the chance of a purse-snatching.

When putting on a blouse, coat, sweater or anything with buttons always button from the top down. When taking off the garment, unbutton from the bottom up. If you are wearing a pullover garment and want to take it off, cross your arms in front of you, grasp the bottom and pull over your head.

To put on a coat or jacket, etc. take hold of the garment with your left hand holding the center of the collar. Insert your right arm in the right sleeve. Now take hold of the collar with your right hand (the right end of the collar- not the center or the left - your right arm should be doubled back along the right side of your neck.) Reach back with your right arm lowering the garment slightly and insert your left arm in the left sleeve. Pull the garment up part of the way then reach across your front with your right arm to pull the garment fully up. You can then adjust the collar, check your hair, button any buttons, etc.

To remove the coat (or whatever) drop it off your shoulders and grasp both cuffs

in one hand. Pull the other arm out of the sleeve and with that free hand take hold of the cuffs freeing the first hand. Now remove it from its sleeve and use it to grasp the collar by the center. You can now drape the garment over your arm with the open edge facing forward. Adjust it so that the lining doesn't show and you are done. (Note - all this is much simplified when you have an escort in good working order!)

You can save yourself gobs of money by simply using some techniques to help make the most of what you already have. Go to your closet and make a complete inventory of all your femme clothes. In another column list, for each item you have, what you already have that goes with it. Finally list, in a third column what you need to complete an outfit. Now you can see clearly where your wardrobe is at. You might discover combinations you didn't realize you had or you might find that just by purchasing a certain belt you can form a whole new outfit. You will also be less tempted to make "impulse" buys since you now have a better vision of whether or not they will fit with what you already have.

Don't leave the toilet seat up when leaving the ladies' room. In fact, why did you put it up in the first place?

Be careful to dress for the occasion. In general its best to be underdressed rather than overdressed. Many authorities break dressing into 5 degrees or categories. First degree is very simple clothes such as jeans and a sweater. Second degree might be for work or shopping - a skirt and blouse. Third degree could be business or cocktail time - a suit. Fourth degree is semi-formal and fifth degree is full formal attire.

Dark and/or seamed nylons make your legs look thinner. Be sure your seams are straight and see the note on the preceeding page about textured nylons.

When you brush your hair concentrate on the hair - not the scalp. When you wash your hair, concentrate on the scalp rather than the hair.

What should you carry in your handbag? In addition to those items everyone remembers you should carry a spare pair of nylons - you

never know when you are going to get a run. (This advise has saved your editor's neck several times). Needle and thread and a couple of safety pins can save a lot of embarrassment too! Its even more important for T's than for women to carry a complete makeup kit including a disposable razor. Should you be arrested for any reason and locked up, you will want to make as good an impression as possible when brought before a judge. By the same logic, ALWAYS carry identification, telephone change, and the name and phone number of your lawyer or someone who can get a lawyer for you. If you have a letter from your doctor explaining that you are a T, carry a copy of that with you too - it may help. Clear fingernail polish can be used to halt runs in nylons as well as to touch up your fingernails. A handkerchief can be most useful. At least carry some kleenex - better still take both. Kleenex can be used to clean up spills, remove makeup, or blow your nose. In addition to all the above, consider carrying a small bottle of perfume or cologne, hand lotion, comb, fingernail file or emery board, a mirror, a clothes brush, and breath mints.

Go thru your handbag often to clean out the lint and remove those items that accumulate so rapidly but aren't really necessary. You may even want to polish your handbag as you do your shoes. Just be sure the polish won't rub off on your clothes!

Television would have us believe that the countries greatest problem is underarm perspiration (bad breath runs a close second). While this is no doubt exaggerated, it can be uncomfortable and embarrassing, and you can do something about it. TV has already informed most of us about bathing, using one of the million brands of deodorant, etc. What they don't mention is that there are significant differences between brands and that what works for one person may not work for another. Try several different types until you find one that works well for you. (I recently had to use a different product still by the maker of my normal brand and found that their

other type didn't work at all for me!) Be careful when applying anti-perspirant to hit all spots. If you miss a place there will be an extra-heavy flow at that spot. You may want to apply toner or cologne before your deodorant. This will remove skin oil and close the pores. If you have nervous perspiring hands, spray the palms with cologne and use a small amount of deodorant/anti-perspirant.

----- MANICURE / PEDICURE

Start by washing your hands thoroughly. Scrub your nails with a brush and use warm soapy water. Use a pumice stone or "Pretty Feet" on any problem areas of rough skin. Dry your hands and gently press the cuticle (skin at the base of the nail) back. Next soak your nails in olive oil for a few minutes to soften them. Remove all old polish with an oily polish remover - never use a remover with acetone in it (it will dry your nails and make them more likely to break or flake). File your nails using an emery board - never a steel file. Use light strokes from the corner to the middle on both sides. Always file in the same direction on a given part of the nail. Nails are built in layers and filing in different directions may cause them to split and peel off. Soak the nails again, this time in mild soapy water. Push back the cuticles again using an orangewood stick wrapped in cotton. Massage in a good rich cuticle cream or remover. Clip off hang nails gently. Remove only the loose skin and do not tear it off. Wash your hands to remove all cuticle cream then go back with an emery board for one last check that all nail edges are smooth. Apply a clear base coat of nail polish stroking the brush from base to tip and put some under the tip as well. Allow it to dry then apply a coat of color, dry, another color coat, dry, and finally a top sealer coat of clear polish. If your nails are short, add a fresh coat every day - every other day for long nails. The longer the nails, the longer the polish should last. Change your polish once a week whether it needs it or not. Never wear chipped nails and carry polish in your handbag to touch up

any chips that may occur.

A full pedicure should be done every two weeks right after a bath. First remove your old polish with an oily polish remover. Trim the nails straight across with a pair of clippers. Keep the edges of the nail level with the tip of the toe. File the nail in one direction, squaring off the tip. Use a emery board or diamond dust file. Use cuticle remover then a pumice stone or "pretty Feet" to remove dead skin. Soak your toes in warm soapy water. Dry well then massage legs and feet with a good moisturizer. Make your final filing of your nails. Apply your polish as for hands - a base coat, two coats of polish then a sealer coat. For tanned feet, use light or pink shades. Untanned feet should use true reds.

----- CAMOUFLAGING BODY FAULTS

Nobody is perfect, including GG's (genetic girls). There are things you can do with your wardrobe and accessories and makeup that will help hide your faults and accent your good points. Here are some tips:

LARGE UPPER ARM:

Wear slack fitting or full length sleeves or those that end just above the elbow. Wear soft materials that are opaque or are of double thickness if transparent to partly hide the outline. Avoid short puffy sleeves or skin tight sleeves, small armholes, and soft shoulder lines. Don't wear shiny surface materials, bulky fabrics that increase the apparent size, or stiff materials.

BIG BELLY

Wear skirts with front fullness just below the waist, gathers to either side of center, the tow piece dress with blouse falling loose from the skirt, or suit jackets that end below the widest part of your abdomen. Correct foundation garments, brassiers and well fitting girdles, also help. Avoid form fitting garments, bias skirts, too-plain fronts, short jackets, bows, buckles, pockets, horizontal lines, prints, and patterns. Cuffs on sleeves attract attention to your middle and should be avoided too.

THE TALL THIN FIGURE

Wear horizontal lines, wide belts, hip length or three-quarter length jackets. Contrasting colors, large sleeves such as Dolman or puffed ones, heavy bulky fabrics, large prints and patterns all help. You can wear boxed pleats, full-gored skirts, large accessories including heavy jewelry and large handbags. Gathered or dirndl skirts with peasant blouses, fur coats, extreme fashions, massive rings and bracelets and important-looking jewelry all go well. Avoid pencil and vertical lines, lengths of buttons, medium jackets and angular trimming. Don't wear continuous pleats, tightly fitted full-length sleeves, tight tubular skirts, V necklines or pointed collars. The tailored look is not for you.



THE SHORT STOUT FIGURE

Wear vertical lines, buttons down the center, simple dresses, princess styles, V neck lines, pointed collars and, in general, everything we said don't do for the tall thin figure above. Likewise avoid things that that figure type should wear! Your jackets should be no longer than 2 inches below the hipbone. Wear basic colored shoes to create length. Center your observer's interest near your face. Avoid two piece dresses, clinging fabrics, round trimming and curved lines. Don't wear round necklines, large or round jewelry, or roundness in any accessory.

SQUARE SHOULDERS

Wear dolman sleeves, sleeves that fit loosely at the armhole, and saddle shoulders. Avoid halter necklines, large collars and set in sleeves.

LONG ARMS

Wear full, loose fitting bracelet length sleeves, large cuffs, or sleeves that end just below the elbow. Avoid long tight sleeves, sleeveless clothes, and extremely short or full length sleeves.

WIDE WAIST

Wear partial belts, lines that direct the eye downward and inward, fullness above the waistline, princess lines, and narrow self belts. Avoid contrasting colors at the waistline, wide belts, and narrow skirts.

NARROW HIP

Most GG's wish they had your problem!

HOW TO SIT

You have been sitting down for years but now its time to learn to do it right! It will take some practice to get it right and much more practice to make it natural for you. The effort is well spent and will help you considerably.

It should be obvious that you shouldn't "plop" into a chair. That has no grace at all. Approach the chair with your head level and up, don't attack the chair or stare at it as you approach. Turn as you reach the chair so that the back of one leg just touches the front of the chair. Keeping your knees together, bend one leg back under the chair a little.

Now keep your body straight and lower yourself gently into the front quarter of the seat. You can reach back with one or both hands to help your balance. The two most often made mistakes are violating the rules: Don't bend forward as you lower your body, and Sit onto the front quarter, not the full seat.

Now that you are down on the front quarter of the seat, slide yourself smoothly back onto the full seat. Never sit directly forward except at a desk - you should turn your body sideways either to the left or right. Keep your knees together at all times.

If you sit on the seat facing slightly right, your right foot should go behind the left at the ankle. If you sit facing left, the left foot should be behind. Don't sit with your feet crossed directly in front as this causes your knees to separate. Hold your rib cage high and don't

slump. Place your hands gracefully in your lap. One hand may be cupped in the other. Do not fidget with them, and don't pull at your skirt.

DR. LIBIDO

We had planned to introduce the great Dr. Libido to you in the April issue but because that issue will actually be out sometime after the first and because we hope to have a fairly serious tone to it in reporting the 7th International Gender Dysphoria Symposium results, we have decided to take this time to introduce him instead.

Irving L. Libido is an internationally unrecognized authority on sexual and marital problems and his widely syndicated column, "Let it All Hang Out" appears in many of the more irresponsible publications throughout the world. He received his doctorate from Ball State University and has done further research in his field in Eufala, Alabama and Del Rio Texas.

Excerpts from his column will be distributed periodically to professionals in the social services so that they may become more attuned to and develop greater awareness of marital and sexual problems.

Gender News thanks Dr. Libido for sharing some of his column with us and we urge our readers who have problems to write to Dr. Libido care of the Gender News. We will forward all letters to his current residence in Florida and hopefully we will be able to print the answers at a later date. With no further ado then, here's Dr. Libido...

Dear Dr. Libido,

I live on a farm and there are no women hereabouts. I have fallen into the habit of having sex with Cynthia, a stump broke mule. Is this harmful, and am I a pervert?

Signed, Worried in Iowa

No, it is not harmful; and, yes, you are a pervert. I see nothing intrinsically wrong, however, with having intercourse with a consenting mule, though it is

somewhat tiring, having to run back and forth to kiss her.

Dear Dr. Libido,

What about all those sickies who enjoy being spanked and beaten?

Signed, Outraged in Orlando

They should be horsewhipped!

Dear Dr. Libido,

I know this really bright guy with a Ph.D. in math who seems to be totally preoccupied with sex. What would you call someone who knows several beautiful and sexy girls and who has relations with one or more of them almost every night?

Signed, Envious in Evanston

A fucking genius.

Dear Dr. Libido,

My girlfriend keeps asking me to perform oral sex on her. Would you do this?

Signed, Tantalized in Tallahassee

Certainly. Please send me her address and phone number.

Dear Dr. Libido,

I am fifteen years old and my boyfriend says that girls who don't have intercourse regularly get pimples. Is this true?

Signed, Hot to Trot in Toledo

Yes. Unfortunately, girls who do engage in intercourse on a regular basis also get pimples.

Dear Dr. Libido,

What are erogenous zones?

Signed, Curious in Hartford

Those are areas within a city with a proliferation of adult bookstores, X-rated movie houses, and massage parlors as well as a large number of prostitutes.

Dear Dr. Libido,

I am fifteen years old and jerk off a lot. Will this cause me to go crazy?

Signed, Nervous in Nantucket

Of course not! This is another of

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MARCH 1981

those persistent myths with absolutely no basis in fact. You are probably more likely to freak out if you do not beat your meat. One word of caution, however: Masturbation can cause hair to grow in the palm of your hand!

Dear Dr. Libido,

How do you perform fellatio?

Signed, Eager in Encino

I don't, since it tends to make me gag. I do, however have a sister who's quite expert at it and does so for a very reasonable fee. Send stamped, self-addressed envelope for her phone number.

Dear Dr. Libido,

When the women in my office wear short skirts or dresses, we are subjected to lewd and lascivious remarks. Why are we fair game for such statements?

Signed, Shot at in Salem

Women have traditionally been viewed by males as nothing more than sex objects, and this is as it should be. You and your coworkers should be gratified by such attention.

(Ed note: Gender News assumes no responsibility for Dr. Libido's opinions!)

Dear Dr. Libido,

My husband enjoys wearing female clothing and often even wears a bra and panties under his normal male attire. Don't you think this is rather peculiar?

Signed, Troubled in Tampa

I most certainly do! Why doesn't he just wear a dress like the other guys?

Dear Dr. Libido,

Why can't all them homosexual preverts get themselves a woman and act like men?

Signed, Angry in Austin

A lot of female homosexuals do.

Dear Dr. Libido,

I enjoy performing fellatio on my husband, but I'm on a diet and trying to lose weight. Is it advisable for me to

cease this form of sexual activity?

Signed, Hungry in Houston

Not at all. The amount of nutrients ingested in this manner is actually very small. You are not likely to blow your diet.

Dear Dr. Libido,

Does a cucumber make a suitable dildo?

Signed, Horny in Hackensack

Yes, and afterwards it adds a really piquant flavor to a salad.

Dear Dr. Libido,

My boyfriend and I just love anal intercourse, and it feels so good when he does it to me that way. Is it possible that I might become pregnant in this manner?

No bruce, it is not.

Dear Dr. Libido,

My husband always spends an hour or so playing his violin prior to going to bed with me. He says that this excites and stimulates him. Do you think this is a serious problem?

Signed, Tormented in Toledo

Not at all. A lot of people enjoy fiddling around before having intercourse.

Dear Dr. Libido,

My boyfriend and I enjoy using oil during lovemaking. We have done this so often, however, that the accumulated oil has made it difficult to get any kind of grip on each other. What do you suggest?

Signed, Slipping and Sliding in San Jose

This brings to mind a very tragic occurrence in my own life. My mother passed on as a result of this curious practice. She and dad were having an oil orgy when she squirted out of his arms and through an open window on the eleventh floor of the Immokalee Hilton. I have given considerable thought to this over the years, and I have come up with what I believe is a good idea. Keep a bucket of sand handy!

GENDER NEWS

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GOOD STUFF



HOTLINES / INFORMATION:

Transvestite Hotline (213) 269-1489 T.E.A.C.H.
 " " (213) 241-9093 Salmacis
 " " (213) 385-8001 Shava D'Arthur (5-11pm weekends only)
 " " (213) 501-6935 C.H.I.C. - Sandy Thomas
 TV/TS Hotline (408) 734-3773 Gateway Gender Alliance
 Suicide Prevention (213) 381-5111

MEETINGS:

TS RAP GROUP - Thursdays 6:30 pm to 9pm Metropolitan Community Church, 1050 S. Hill St. Los Angeles, CA. 50¢ donation. Contact Andy at (714) 628-1796.
 SHANGRI-LA - First Saturday each month. Social outings for TV/TS. Call Nancy Watson for time and location. (714) 834-0928.
 SALMACIS - Second Saturday each month. 7:30pm - ?? Unstructured social get-together for TV/TS. Donation \$2.00 except GG's and Post-ops covers cost of refreshments. 1409 Garden St. Glendale. Lynda & Ann (213) 241-9093.
 TRI-SIGMA - Second or Third Saturday each month. Heterosexual Transvestites Only. 7:30pm - ?? Donation \$5.00. Social/educational meetings. Call Carol Beecroft (209) 688-6386 or Patti (213) 424-7206 for details.
 CHIC - Meets every 4 or 5 weeks at an LA hotel. For further details call Sandy Thomas at (213) 501-6935.

INFORMATION CENTERS:

T.E.A.C.H. (TV INFO)
 P.O. Box 289
 Hollywood, CA 90028

TRI-SIGMA (TV INFO)
 P.O. Box 194
 Tulare, CA 92374

C.H.I.C. (TV INFO)
 P.O. BOX 995
 Hollywood, CA 90028

SCYROS - NANCY WATSON (TV INFO)
 P.O. Box 18202
 Irvine, CA 92713

JOANNA CLARK (LEGAL INFO FOR TS'S)
 P.O. Box 2476
 Mission Viejo, CA 92690
 (714) 493-0397

RENAISSANCE: GENDER IDENTITY SERVICES
 P.O. BOX 11341
 Santa Ana, CA 92711

THE JANUS INFORMATION FACILITY
 PAUL A. WALKER, Ph.D., Director
 1952 Union St.
 San Francisco, CA 94123
 (Please send \$5.00 donation when writing)

GATEWAY GENDER ALLIANCE (TV/TS)
 P.O. BOX 62283
 Sunnyvale, CA 94088

TRANSITION MIDWEST (TS INFO)
 P.O. BOX AA1034
 Evanston, Ill. 60204

GENDER NEWS
 P.O. Box 532
 Port Hueneme, CA 93041



GENDER NEWS

MARCH 1981

THE OUTREACH INSTITUTE (TV/TS info, books)
Kenmore Station
Box 368
Boston, Mass. 02215

PARADISE (TV/TS social group)
J. Lane
1522 Hardy Rd.
Akron, Ohio 44313
(216) 929-9607

THE LABYRINTH FOUNDATION (femlale-to-male TS)
122 Windsor Terrace
Yonkers, NY 10701

CONFIDE (TV/TS info)
Box 56
Tappan, NY 10983

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Single copy \$ 2.00
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Back issues - after Vol I # 11 \$ 2.00 (15 page newsletters)

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Classified ads: Up to 24 words \$1.00. Each additional word 5¢.

All sales are final. We reserve the option to obliterate, mark sold, or take other action on cancellations. All material must be in the editor's hands no later than the second-last Thursday of the month. (due to personal schedule conflicts the April issue material will have to be in by March 12. May issue should be in by April 23, June issue by May 21.)

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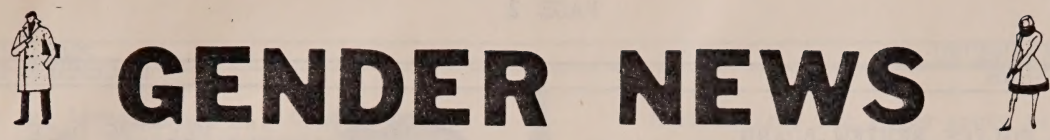
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VOLUME II

NUMBER 3

MERRY CHRISTMAS!

DECEMBER 1980

GENDER NEWS is an independent newsletter published monthly to "amuse, inform, stimulate, and provoke" the gender dysphoric paraculture. We try to carry articles of interest to TV's, TS's, concerned others, and the professionals who study and help us. All are encouraged to make suggestions for future articles or, better still, to write articles for us. All articles submitted will be published subject to the limitations of space and good taste and, of course, relevance of the material.

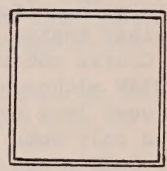
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P.O. Box 532

Port Hueneme, CA 93041

THIS IS YOUR LAST ISSUE! If there is a green dot in the box, then your subscription expires with this issue. A year sure goes by fast, doesn't it? To be sure that you don't miss an issue, why not fill in the handy subscription form on page 15 and mail it (along with your check made payable to Jean Lawrence, please) to the address shown on the order form. A year's subscription is still \$9.00 - but the post office is muttering about a rate increase too. Who knows what the new year will bring?



WE HAVE A JOB FOR YOU! The gender news supports you by bringing you information you want, brightening up some of your dark moments, giving you a place to advertise and connect with others, etc. Our advertisers support us - we currently lose about 3¢ an issue on each subscription we mail out. You can help us by supporting our advertisers. Always say you saw it in the GENDER NEWS.

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I don't think its possible to write a December newsletter without somewhere getting Christmas into the act. While there aren't any explicitly Christmas articles in this issue, Santa has been dropping in to keep an eye on all of us leaving his mark behind.

Christmas isn't only a time for giving though, its also a good time for forgiving. Perhaps now is a good time to make some new year's resolutions aimed at making 1981 have "Peace on Earth, good will to all."

POLICE REVIEW BOARD

The newspapers reported this month that an attempt to create a Los Angeles Police Review Board failed when the sponsors of an initiative failed to get the required number of signatures.

Apparently we aren't the only group of people that feels a need for some controls on the LAPD. Hopefully the initiative sponsors won't give up and will try again.

FASHION SEMINAR

Calling itself a "fashion seminar" a set of classes was held at the Ambassador Hotel in LA on November 8th. The material covered how to walk, sit, get into cars, select clothes, and other topics.

Course content was similar to that given at DREAM although much condensed since DREAM is a week long event and the fashion seminar lasted only some 6 or 7 hours. There were about 8 TV's and TS's present. Most seemed well pleased with what they learned and look forward to the possibility of future classes. There was some comment that the makeup sessions were not very productive. This seems to be a common problem with such classes. Most T's need individual counseling - especially at first - and get relatively little benefit from group makeup sessions. (An individual session can be very productive.)

All in all the project seemed to be well received. If you are interested in the possibility of future sessions or in individual help, contact Linda Ward, P.O. Box 17015, Los Angeles, CA 90017.

TRANSSEXUAL PLAY

The play, "Transgressors" which opened at the Gene Dynarski Theater recently deals with a young man who leaves home and returns some time later as a young woman.

David Steininger, the author, seems to have done at least part of his homework on transsexuals. Unfortunately he seems to have fallen prey to the infamous "Meyer Report". Still, he seems sympathetic to the cause. His play is concerned with the twin themes of transsexualism and "You can't go home again".



ΣΣΣ MEETING DATE

Tri-sigma, the heterosexual TV only social/educational organization, has changed their meeting date in Los Angeles from the third saturday of each month to the second saturday.

This causes their meeting to conflict with meetings of Salmacis, a social group open to all TV's and TS's. Its not known why Tri-sigma made their change but it seems a shame that with as few of us as there are, we can't organize our meetings to avoid such conflicts.

For those interested in Salmacis, call Ann or Lynda at (213) 241-9093.

NINA RAPS
WITH THE THURSDAY RAP GROUP

Psychologist Nina Kellogg visited the Thursday rap group on November 13 and was well received by the 18 or so present. The meeting started with Nina describing briefly that she doesn't work with "transsexuals", she works with "people". Much of her work is with people who want to have children but for some reason can't. She drew many parallels between them and TS's thruout the evening. After her introductory remarks the meeting was left mostly open and many topics were covered.

Some of her comments include the following:

Its her observation that most T's smoke.

"Don't live in twos". If you are in pain (mental) and you're not what you want to be then you have a double load to carry. Getting to where you want to be may not solve all your problems but it may reduce them.

"What I send out is what I get back." If you go out confident and self-assured people will reflect it back to you. If you go out scared and guilty, people will reflect that back at you.

When you choose a therapist, examine

your gut level reaction. If it doesn't feel right, find another therapist.

She also talked about diaries and "dream journals" and suggested that they can be very helpful for some people.

Nina seems to have a very sensible and straightforward approach to transsexualism. If you missed this meeting, you missed a good one!

EDITOR'S MAILBAG

To: Radio Station KRTH 101 FM
August 26, 1980

Dear Sir:

This morning I was listening to your comedy team of London and Engelman, and was very offended at the "commentary" they chose to interject into the 6:30 news.

The story was about the city of Houston dropping its law regarding people dressing in the clothes of the opposite sex, because transsexuals are required to do so prior to surgery. The response from London and Engelman was the query of whether "Johnson and Johnson has developed an in-home transsexual test like an in-home pregnancy test". They topped this by adding that, "You can tell a transsexual because they waddle like ducks."

I happen to be a pre-operative transsexual. I dress in the clothes of my chosen gender in order to psychologically prepare myself for surgery. It is possible that someone who is not as well-adjusted as I might have heard these irresponsible comments and been psychologically harmed.

I, for one, do not plan to listen to London and Engelman again.

Sincerely,

Ms. GERALYN UMPHREY
P.O. Box 6224
Ventura, CA 93006



Melinda from San Diego wrote to tell us that she is trying to form a group in her area. We don't have details yet - perhaps by next month. Meanwhile, if anyone wants to write her we will forward any letters. Just send your stamped, sealed envelope to the Gender News with a note that its for Melinda.

* * *

To the Editor:

10/27/80

I am sorry to hear that Candice feels that some members of the transsexual community "were deceived into supporting those who would exploit us" by attending the benefit for "Changes". Since she did not attend the benefit and did not see the films she mistakenly labels "lurid soft-core shorts" she is hardly qualified to judge either of them.

As the organizer of the benefit and producer of "Changes", I would like to reiterate my intentions:

1) I wanted and still want to make a film about transsexuals which would be documentary in form while avoiding the "talking-heads-panel-discussion" style of so many films of that genre.

2) I wanted and still want to make a film in which the humanity and dignity of a group of people is stressed, instead of their "oddness" or their "difference".

3) I wanted and still want the support of the transsexual community to insure the accuracy of the material as a collective experience, whether the film ends up being about one transsexual or about many.

I still want to make this film. The project has not "fizzled" - it is very much alive but has not yet seen the light of day because I have been unable as yet to raise enough money to get it off the ground. I'm sure you are aware that transsexualism is a very scary subject for most people unfamiliar with it to even think about, let alone put up money for. It rattles their cages and brings up all their own sexual insecurities. The general public needs to be informed and sensitised

to this segment of the population, yet it is just that ignorance and that insecurity which keeps the film from being made.

Those who contributed money to the benefit should know that their dollars went into the benefit costs. Wherever possible I encouraged people to donate their services but most people expected to be paid. Because the turnout was so small we barely broke even after paying the talent, printing and mailing costs, drinks and miscellaneous. We knew that we could probably not collect an enormous amount of money by having a benefit, but we felt it was the best way to introduce ourselves to the community at large and entertain everyone at the same time.

Candice's confusion about whether the film was supposed to be a "serious documentary" or "an idea for a student film project" stems perhaps from the fact that I was a student in the Cinema Department of L.A.C.C. at the time and the director of the film was a teacher of film studies at the same college. The film, however, was never conceived as "a student film project", but as an educational, hopefully highly moving account of transsexual experience, intended for distribution through educational film channels and the public broadcasting system. Michael McCullough (the director) is a working professional in the film industry who shares his experience with others with his community school teaching, and holds many professional awards for his work.

If anyone has any further questions or input about "Changes" please call me at 467-4638 (weekends and evenings).

Sincerely,

Sylvie White
President, FO-FO FILMS
Producer, "Changes"

* * *

Last month Stray brought an article from the L.A. Times to the Thursday Rap Group where it was discussed in some detail. The article was about the research of Dr. Robert J. Stoller and dealt with the causes of transsexualism.

The group took exception to two main points. 1) Many of those present didn't feel that the causes stated applied to them. 2) The language used in the article leaned a little too heavily towards emotionally loaded terms such as "guilt" and "fault".

I wrote Dr. Stoller inquiring about these and other items of interest. For the most part he referred me to his books. He made no response to exception #2 at all. However he did write the following which may resolve part of the problems with his article.

"As to the article in the L.A. Times, it was apparently taken--pretty accurately--from some article I have published in the last few years, though I am not sure what. If, however, you can track down my most recent publication on gender identity disorders, you will find that I have stated more clearly than in the past-- that most people who are called transsexuals and who wish to change their sex do not fit the description of those people whom I have called "primary transsexuals" and it was this small group of patients who were the ones described in the paper from which the Times article was derived."

Thank you Dr. Stoller.

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To Whom It Might Concern, 10-28-80

Bette Midler sings: "you can't always get what you want." So it is with the Alpha Gamma Project on reincarnation-transsexualism. In a series of very strange (bizarre) episodes, the decision has been reached by the foundation and myself to alter the scope of the grant.

Since early September I have been badgered with poison pen letters, middle-of-the-night (and day) obscene and threatening calls, threats on my life and property, etc. In addition, my aged parents in Phoenix have been harrassed; a very dear friend in LA has been threatened. Finally, my life has been threatened. Because of these actions -- done, I presume, by a group of disgruntled transsexuals who want to "punch me out" based on an ill-founded supposition that my research would "take away their surgery" -- we have decided to study a totally different group of people during the life of the grant. The kinship I felt with the transsexual issue is less weighted than the kinship to carry out the research.

A very wise person told me many, many months ago: "Kiss them (transsexuals) goodbye." I chose to ignore that advice then; I see the wisdom of the admonition now.

Just so there is no further misunderstanding: the grant was not meant to take away surgery. That date with destiny is each person's inviolable choice. Somehow, my previous announcements to that effect did not seem to penetrate the cretin minds of certain people.

This letter, then, is to inform you that the project will continue BUT with other groups of people of the non-genderal variety of dysphoria. Perhaps at some future date we may come back and attempt a similar study based on the original proposal. If we do, I shall get back in touch with you.

Thank you for your cooperation and willingness to participate in this project. I regret the initial elation in the pursuit of this project only to have such a change now. I well realize that the vast majority

of people were excited to see this project underway. I have been strongly urged to defy the minority of objectors and continue the project.

Ordinarily, I would agree to such a stance. However, when my property, parents, and friends are threatened, I have no stomach for such controversy and violence. My life is too precious to me now. As most transsexuals, I have come through a series of wrenching experiences. I do not wish to continue -- under whatever flag -- any further chaos.

Best wishes to you in your own search for congruence and a good life. Beyond a few postage stamps we have not overtaxed too many people to date. I wish you well.

Sincerely,

Nancy S. Ledins
Alpha Gamma Project



THURSDAY RAP GROUP ELECTIONS

The scheduled elections for the Thursday Rap Group were postponed due to the fact that although there were a number of people present, only about four of the regular attendees showed up! Apparently everyone was afraid they'd get elected.

If so, you need fear no longer. Andy has volunteered to run for the job of moderator, and Stray is willing to run for secretary (in which post s/he's been doing an excellent temporary job).

A firm date was not set but presumably elections will be held at the next meeting with a good turn-out of regulars.

(213) 559-0482

NINA F. KELLOGG, Ph.D.

COUNSELING - PSYCHOTHERAPY

3907 DUQUESNE AVE.
SUITE 212
CULVER CITY, CA 90230

FACTS ABOUT YOUR LIVER

What is the largest organ in your body, weighing about 3 pounds and being about the size of a football? What organ is the fourth leading cause of death up to age 65? If you said anything but your liver, you didn't read the title of this article very well.

Your liver is a large chemical processing plant. It converts the food you eat into the chemicals your body needs. It processes drugs from your digestive tract into forms your body can use more easily. It removes toxic substances from your bloodstream and converts them into matter than can be easily eliminated from the body.

Your liver is located on your right side behind your lower ribs. All of the blood that leaves your stomach and intestines passes thru the liver before it goes to other parts of your body. It is therefore in a good position to process all the food, medicines, drugs, and anything else you swallow.

Rumor in the "T" paraculture has it that taking hormone pills may be hazardous to your liver because it processes them but that hormone shots do not get processed by the liver and so are not harmful to it. REPEAT this is a rumor. Consult your MD for your individual case. Perhaps one of our professional readers would be willing to briefly confirm or deny this rumor, with an explanation, so we could share it with everyone?

Among other things, the liver regulates blood clotting, controls production and excretion of cholesterol, metabolizes alcohol, maintains hormone balance, produces immune factors and removes bacteria from the blood, and stores iron and other vitamins, minerals, and sugars.

Naturally such an active organ is subject to problems. The more important include Viral Hepatitis, Cirrhosis, Gallstones, Cancer, and Alcohol related disorders.

There are two kinds of viral hepatitis. One is spread by contaminated water and food while the other is contracted from blood transfusions, kissing, tooth brushing, ear piercing, tattooing, dental work, or sexual contact to name a few ways. The liver becomes

tender and enlarged and the victim usually shows other symptoms such as fever, vomiting, jaundice, etc. Hepatitis is very common in the US and it can be extremely infectious. Most people recover, even without treatment, but some die and many develop a chronic disabling illness.

Cirrhosis kills over 30,000 Americans each year and is the fourth major cause of death between the ages of 15 and 65 excluding accidents.

Cirrhosis is a disease where liver cells are damaged and replaced by scar tissue. As more scar tissue accumulates, blood flow through the liver is diminished causing more liver cells to die in a fatal feedback chain. Although cirrhosis is usually thought of in connection with alcohol, anything that results in liver injury can cause cirrhosis. Only about half of the deaths from cirrhosis are caused by alcohol abuse. Hepatitis, chemicals, poisons, too much iron or copper, or obstruction of the bile duct can also cause cirrhosis.

Some types of cirrhosis can be treated but in many cases the treatment is not a cure but merely supportive - helping combat the symptoms.

The liver produces "bile", a bitter yellow-greenish liquid essential for digestion. The liver stores the bile in the gallbladder and the gallbladder transfers it to the intestine after you've eaten to aid in digestion. The cholesterol and/or pigment in the bile can crystallize in the gallbladder forming gallstones which can be as large as golf-balls! If a gallstone gets stuck in the bile ducts between the gallbladder and the intestine attacks of excruciating pain may result.

Gallstones are more common in people over 40, especially in women and the obese. Surgical removal of the gallbladder is the normal cure although drugs are being developed which may dissolve the gallstones without surgery. Over half a million operations are done each year in the US to remove gallbladders.

Most liver cancer results from cancer spreading from other organs. Cancer of



Empathy Has It!

Over 100 different books and magazines on Transvestism, Transsexualism, Petticoat Punishment, Also TV Contact Magazines. Plus for the Adult who likes to play and act like a baby: *Play Pen Magazine*, *Tales From the Crib Magazine* and *Adults in Babyland Novels*. Unique, Completely Illustrated catalog \$1.00. Send to: Empathy Press, Dept. 00, Box 12466, Seattle, WA 98111 (*Adults only, State age*).



the liver is largely an unknown topic. It is associated with hepatitis, parasites, drugs and environmental toxins -- cancer of the liver is an occupational hazard for workers dealing with polyvinyl chloride.

Alcohol can cause three types of liver problems - fatty liver, alcoholic hepatitis, and alcoholic cirrhosis. Fatty liver is the most common and has the best prognosis - complete abstinence from alcohol can effect a complete cure with no residual cirrhosis.

None of the forms of liver damage caused by alcohol can be cured until the alcohol intake stops. Alcoholic hepatitis will lead to cirrhosis if alcohol consumption continues.

Some of the symptoms of liver disease are:

- 1) Jaundice - abnormally yellow discoloration of the skin and eyes. Often the first and sometimes the only sign of liver disease.
- 2) Dark urine
- 3) Gray, yellow, or light colored stools
- 4) Nausea, vomiting, loss of appetite
- 5) Vomiting of blood or bloody or black stools
- 6) Abdominal swelling
- 7) Prolonged generalized itching
- 8) Unusual change of weight (more than 5% gain or loss within 2 months)
- 9) Abdominal pain
- 10) Sleep disturbances, Mental confusion, Coma
- 11) Fatigue or loss of stamina

12) Loss of sexual drive or performance.

There really isn't much you can do to prevent liver disease other than to use common sense --

- 1) If you drink, drink moderately.
- 2) Be cautious about mixing several drugs. In particular, alcohol and many "over-the-counter" and prescription medicines don't mix well.
- 3) Avoid taking medicines unnecessarily and avoid exposure to industrial chemicals.
- 4) eat a well balanced diet
- 5) consult your physician if you show any sign of liver disease.
- 6) contribute your time or money to the AMERICAN LIVER FOUNDATION
30 Sunrise Terrace
Cedar Grove, New Jersey 07009
(201) 857-2626
Contributions are tax deductible.

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ANN LANDERS

In her column for Tuesday, Nov. 18, 1980, Ann Landers ran the following letter:

Dear Ann Landers: I am a woman, past 50, employed at a bank. The young man whose desk is in front of mine has always been pleasant and considerate.

Yesterday he removed his coat and I could see the unmistakable outline of a bra and a slip under his shirt. I decided to tell him it would be a good idea if he kept his coat on because others might not be as understanding as I. (my son was a homosexual and I was less compassionate in those days. He took his life and I will never get over it.)

The following morning there was a beautiful note on my desk thanking me for my kindness. I should make it clear that most cross-dressers are not necessarily homosexuals. They derive satisfaction from wearing women's garments and are not interested in anything more. Please print my letter and urge your readers to temper their judgement of people who are "different." I wish I had known 20 years ago what I know today. --
Wiser in Dubuque

DEAR Wiser: You sound like a person I would like for a friend. Thanks for writing.

PARADISE!

There is a paradise on Earth and its located in Ohio! Paradise is the name of a TV/TS social group that meets every other month at a motel in Warren Ohio.

Paradise has a membership of about 50 including 2-3 TS's (one post-op), 1-2 TG's and the rest mostly heterosexual transvestites. Mainly a social organization there is still some rapping and education at their meetings. Members come from Ohio and north-western Pennsylvania with a few coming from as far away as Michigan and western New York!

For those interested in attending the next meeting is December 13 (Saturday). Contact J. Lane 1522 Hardy Rd. Akron, Ohio 44313, (216) 929-9607 for more details.



Don't Talk—Demonstrate!

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Beyond Question.**

GETTING TO KNOW YOU

One of the big events in any "T's" life is the first time s/he finds out there are others like himself. Another big event is the first meeting, either in person or by mail, with another 'T'. If you are reading this newsletter, you are probably already past both of those big events. Certainly you know there are others like you. If you haven't yet met any others, there are a number of meetings and hotlines and places to write listed in the Good Stuff section. Some organizations, however, have a special interest in helping T's meet each other. They print directories describing people who wish to meet or correspond with others and offer a mail forwarding service to help preserve their privacy.

There are at least three classes of organizations which perform these services. The Empathy Club (see ad page 7) is a company which offers a "Transvestite World Directory" as one of its services. The directory lists TV's, TS's, and others who want to meet TV's or TS's. Lee's Mardi Gras Enterprises 555 Tenth Ave. New York, NY 10036 is another such company (if they are still publishing their directory - The last one I've seen was 1975). The second class is that of the magazines. Some magazines such as Shemale, The Female Impersonator, and Female Impersonator News offer a section of their magazine for people to advertise in.

Finally, the third class is that of clubs such as Golden Gate Guys/Girls or Tri-Sigma (see Good Stuff for addresses) which offer membership directories and forwarding services for their members.

If you want to have an ad printed, you can usually just fill out a form in the magazine and send it in along with whatever fee is requested - usually about \$5.00. Club directories usually don't charge for listings as it is covered by your dues. Most directories are eager to print your picture with your listing and won't charge extra for it but some do. If you send a picture, black & white is usually preferred. read the instructions in the magazine for their particular requirements. Now you have to decide what to write.

Writing the text of your ad can be a difficult job. The magazine may charge by the word so you want to be brief yet you want to give all the necessary information and be interesting so people will answer your ad. Some of the facts you may want to state in your ad are:

- 1) Who do you want to answer? TV's, TS's, women, heterosexual men, homosexual men, people with some special interest such as B&D, S&M, etc.
- 2) Why do you want them to write? Do you just want to correspond or do you want to meet them in person? If you desire meetings you should give your city so prospects can decide whether or not you are within their area.
- 3) If you have a P.O. Box you may want to give it in your ad. It will save respondents the forwarding fee and may increase your response to your ad. On the other hand, you may get some crackpot mail that way.
- 4) If you can, give your femme first name. Its very frustrating answering an ad with a letter starting, "Dear ???".
- 5) describe yourself and your interests. ie. "5'6" TV love silks and high heels" to copy a typical example. If you are a TS be sure to say which way - M-to-F or F-to-M.
- 6) A good picture usually enhances the response to any ad.

While you are looking at the magazine to place your ad, you will probably see some ads that you want to answer. Again follow the specific directions in the magazine. Usually you are directed to write your letter and seal it in an envelope with the proper postage on it. Write the code number for the ad you are answering on the outside of the envelope in pencil then mail all your letters along with the forwarding fee to the organization. Typical forwarding fees run about \$2.00 for the first letter and 50¢ for each additional letter. Again clubs may be cheaper - GGG/G does not charge for their forwarding service.

Some of the things you may want to put in your reply to someone's ad are:

- 1) Describe yourself and your interests.
- 2) What was there about their ad that prompted you to respond to it?
- 3) Don't stick to just T matters. Feel out other areas of possible mutual interest. Perhaps you are both interested in Inkles or the process of slubbing. (no, I didn't make those words up.)
- 4) Enclose a picture if possible. You may want to have a number of cheap reprints made of your favorite picture to use in answering letters.
- 5) Give your P.O. Box or some address where the other person can respond to your letter.

When people start answering your ad you should have no trouble thinking of things to say to them. You can explain what you said in your ad in more detail, answer any questions or comments from their letter, comment or question them on their letter, etc. The only real rule is that you should answer all responses to your ad even if its just to say you aren't interested in corresponding with that person. After all, someone went to the trouble of writing you, they were willing to pay a small fee to do so, they were writing because YOU advertised. The least you can do is acknowledge their letter.

At this point, a word about P.O. Boxes is in order. A P.O. Box is relatively

inexpensive and can be good insurance. A typical box costs about \$10 to \$20 a year depending on the post office and size of the box. Shop around - different branches of the post office charge different rates for their boxes. You will want a P.O. Box that is convenient for you but that still may leave you 2 or three branches to choose from.

When you sign up for a box, you will be asked if it is for a business or not. The reason for this request is that if it is a business, the Post Office will give out the name of the boxholder on request. If you are not a business your identity will be kept secret.

Using a box number allows you to choose who you want to meet. Some people who answer your ad (or whose ad you answer) will be people you just don't care to associate with. With a P.O. Box you can tell them you aren't interested and ignore any further letters. Without a P.O. Box you run a risk of their dropping by to see you. I've found that 90% of the people I've met thru forwarding services are neat but it only takes one to be a nuisance. For TV's who are concerned about their privacy, a P.O. Box is almost a necessity.

When you get your box, you must get it in your legal name and furnish ID. You can then specify other names whose mail you wish to receive. No ID is required for those names. You can have Joe Doe, your legal name, own the box but Joanna Doe actually gets all the mail.

Now that you are all excited about corresponding, sit down and write to Empathy Press, Lee Brewster, GGG/G and/or Tri-Sigma and inquire about their services. On your way to the mailbox, stop by your local adult book store (Try Jasons or Le Sex Shoppe in LA. Both are near the corner of Western and Hollywood Blvd.) and look for magazines that carry ads. Now you can get started answering ads and composing yours right away. Have fun!

QUESTION FOR THE DAY: Is the town of Middlesex, New Jersey composed entirely of TV's and TS's??? How did it get its name?

CLINGING SKIRTS?

Do you have a problem with your skirt or dress clinging to your legs because of static electricity? I did. Fortunately somebody told me there was an anti-static compound available.

After a little searching, I found "Static Guard" at Sav-On. A 3 oz can costs 99¢. You just spray it on your clothes and the static is gone. I can't use "Bounce" or any of the other anti-static towels that go in the dryer because of an allergic reaction but so far I haven't had any problem with this stuff. - Jean.

\$775,000

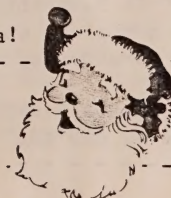
The Gateway, newsletter of the Golden Gate Guys/Girls, reports that Toni Ann Diaz won a \$775,000 court settlement from the Oakland Tribune and columnist Sidney Jones for an article appearing in 1977 which referred to Post-operative Tina as "he".

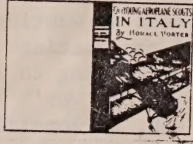
Ms Diaz, at that time student body president of Alameda College, charged that the article was a "callous invasion of privacy" and caused "two years of emotional hell".

The jury, consisting of 8 women and 4 men, found that the item was not newsworthy and would be "highly offensive to a reasonable person of ordinary sensibilities" and that the article was written "with knowledge that it was highly offensive or with reckless disregard of whether it was highly offensive or not."

Naturally, the award will be appealed. John Mahoney, attorney for the Tribune, said that one of the grounds for appeal will be that Ms. Diaz as student body president was, as a matter of law, a public figure and that therefore the newspaper had the right to factual comment about her.

Good luck Tina!



BOOK
REVIEWS

DRESSING THIN by Dale Goday with Molly Cochran. Copyright 1979, 1980. \$3.95 128 pages paperback. Available at Pickwick.

This book tells you how to choose your clothes and accessories to help you look thinner. Information is given on fit, style, lines, pattern, color, fabric, etc. Most of the information is good and there is a lot of it. The biggest fault of the book is that there are many right-way/wrong-way pictures but instead of an honest comparison, changing only the clothes, the before and after pictures often change hairstyles, accessories, posture, etc -- which makes more difference than the clothes being discussed! You can see this right on the cover which shows a girl in "fat" clothes face on with an unhappy look on her face. The companion picture of the same girl then has a happy look on her face as she models "thin" clothes standing in a models stance instead of spread-legged and facing sideways instead of face on. No wonder she looks thinner!

The book didn't need to descend to such deceptions. The information is both valid and useful. Probably worth the somewhat high price for a paperback.

* * *

LEGAL ASPECTS OF TRANSSEXUALISM - A Handbook for Transsexuals by Joanna M. Clark. Copyright 1980. 54 page paperback available

for \$5.75 from Joanna M. Clark, P.O. Box 2476 Mission Viejo, CA 92690.

This book covers many of the legal subjects of vital interest to transsexuals including Armed Services - getting in and out, Civil Rights, Criminal Law, Family Law, Health Care, Identification, Social Security, Veteran's Benefits, and vocational rehabilitation programs.

There's just too much information in this book to try to list it all. Unless you are already a lawyer you're bound to learn something and you may save yourself a lot of trouble and money. If you are a lawyer you might want to contact Joanna about her companion book written for professionals.

Recommended reading for all TS's. TV's may find some sections of value such as those on Cross-dressing legalities, arrest, and imprisonment.

* * *

CHARM & POISE For Getting Ahead by Gloria La Vonne. \$15.00 431 pages hardback.

It may seem a little odd to review this book as it is available only at DREAM or thru Gloria La Vonne's Finishing, Fashion, and Modeling School. Still, other books of the same type exist and are more readily available. Reviewing this one may give you some idea what to look for.

This book is a gold mine of useful information. In 35 chapters it covers everything from makeup, hair care, and clothing thru body language, voice, personality, and even how to apply for a job. Should be a must for all TV/TS's.

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DORIS BUTLER

SUCCESSFUL TRANSPLANT

In December of 1979 it was reported that a successful testicle transplant had been performed by Dr. Sherman J Silber of St. Luke's Hospital in St. Louis. The actual surgery had taken place in 1977 when one testicle was transplanted from a young man to his identical twin brother.

Recently Science Digest revealed that the transplant has had further success: It had quickly begun producing normal amounts of both sperm and male hormones and the recipient has become the father of a baby boy.

At this time the transplant capability is limited to identical twins.

LESS IS MORE

Women with smaller breasts, on the order of 34 inches, are rated as more competent, ambitious, intelligent, moral, and modest by both men and women according to a study done by Chris Kleinke, a psychologist, and Richard Staneski, a university administrator.

Reported in the December 1980 issue of Psychology Today, the article described their method of showing photographs of women, each picture varying only in (padded) breast size, to groups of college students who were then asked to rate the women using 22 categories. Men preferred women with slightly larger busts while women preferred slightly smaller ones. Otherwise the ratings were "virtually indistinguishable".

Previous studies had used silhouettes rather than actual photographs. The researchers feel that features other than breast size may have influenced the test subjects with respect to general impressions of attractiveness.

TRANSVESTISM IN THE MEDIA

So far this project (listing occurrences of transvestism on TV, radio, newspapers, etc.) has fallen flat. No input was submitted this month at all. The only listing is a Bufferin ad I saw during "Smokey and the Bandit" in which the woman doing the commercial states, "In my next life, I'm going to be a man!"

This sort of commercial is accepted due to our sexist society. A woman wanting to be a man is understandable since she is

seen as wanting to "move up" in society. A man wanting to be a woman is seen as descending to lower status - something society won't allow. Imagine, if you can, a commercial where John Wayne or some such says that in his next life, he's "going to be a woman".

POINT COUNT SYSTEMS

How do you know when you are correctly dressed? You can try to dress exactly like the pictures in the fashion magazines but this is difficult, expensive, and you still may look out of place. You can rely on your own sense of taste but that only works after you've had sufficient experience to develop it. You can wear whatever pleases yourself. Sometimes this method even works but it can produce some real disasters too. A better method is to apply some logic to the problem and learn a few simple rules.

Most fashion schemes work on a "Point Count" system. Everything you wear is assigned some number of points. You add up the number of points you have on and try to achieve some optimum number by adding or removing clothes, jewelry, or accessories. Gloria La Vonne's school teaches a 14 point system. A somewhat simpler 8 point system is given by Cosmetique.

In the 8 point system you are awarded 1 point for your shoes and an additional point if they are open-toed. Socks or nylons count 1 point if they are visible and colored or textured. (Normal flesh colored pantyhose, for example, would receive zero.) Each piece of clothing - skirt, blouse, dress, etc - is given 1 point if it is a solid color and 2 if it is patterned. An exactly matching top and bottom would only be counted as one piece. Each accessory item - belt, scarf, hat, handbag, etc - gets 1 point. Each piece of visible jewelry gets 1 point.

After you count up your points you compare the total to 8. If you have on more than 8 points, you are over-dressed. If less, you are underdressed. Needless to say, the point count systems are only a rough guide. Your individual case may vary. But, at least you now have a guide.

CREDIT FOR WOMEN

"Credit for Women" is the title of an 11 page pamphlet distributed by the California Department of Consumer Affairs. It provides explanations of what credit is, how to obtain credit, and what information companies can request from you. It lists places that handle credit complaints and other sources of information.

One of the nice things about the pamphlet is that it is FREE! Send a stamped, self-addressed legal size envelope to: California Department of Consumer Affairs, P.O. Box 310, Sacramento, CA 95802. You can also get a list of other consumer education materials available free just by asking for it.

COSMOPOLITAN ISN'T WORLDLY

If they were, Cosmo would never have printed the article on page 52 of their October issue. Dr. Elizabeth Morgan, in her "Your Body" column attempts to answer the question, "How, exactly, is male-to-female transsexual surgery performed? Is this operation successful, as a rule?" She succeeds only in showing, to the informed, her absolute lack of knowledge on the subject and once more misleading the public.

Among her other misstatements (an amazingly large number for an answer only 23 lines long) she claims hormones raise the voice and diminish beard growth and claims that "many reputable sex-change centers (Hopkins, Stanford, Case Western) now advise transsexuals to rely on psychiatric care alone." With friends like her, Who needs enemies?

MAGAZINE REVIEWS

SEVENTEEN - One of the best for TV's or TS's who want to learn how to be women. The magazine is aimed at teenage girls and includes many useful articles teaching them the arts of makeup, wardrobe selection, personality, diet, exercise, and much more.

NEW WOMAN - I love the title. I'm not quite so impressed with the magazine. Its aimed at the new liberated women and has some articles on fashion, health, and beauty but its main thrust is on how to be a successful businesswoman. Probably of little or no interest to TV's and not too useful to most TS's.

SELF - A more honest approach to being "your own woman" than 'New Woman' above. A recent issue had sections on Direct Your Own Life, Love/Sex, Money/Careers, food/diet, fitness/health, good looks, self change, and decorating. Not bad.

** LATE NEWS **

The play, Transgressors, (see page 2) will be playing at the Gene Dynarski theater on Wednesdays thru Saturdays at 8pm until December 21. The theater is located at 5600 Sunset in LA. Call (213) 465-5600 for more details and for ticket prices.

GOOD STUFF

HOTLINES/INFORMATION:

Transsexual Hotline	(213) 257-0500	Carol Katz
Transvestite Hotline	(213) 269-1489	T.E.A.C.H.
" "	(213) 241-9093	Salmacis
" "	(213) 385-8001	Shava D'Arthur (5-11pm weekends only)
TV/TS Hotline	(408) 734-3773	Golden Gate Guys/Girls
Transvestite Hotline	(213) 501-6935	C.H.I.C. - Sandy Thomas
Suicide Prevention	(213) 381-5111	



GENDER NEWSDECEMBER 1980

MORE "GOOD STUFF"

MEETINGS:

- TS RAP GROUP - Thursdays 6:30 pm - 9pm Metropolitan Community Church, 1050 S. Hill St. Los Angeles, CA. 50¢ donation. Contact Carol Katz (213) 257-0500.
- SHANGRI-LA - FIRST SATURDAY each month. Social outings for TV/TS. Call Nancy Watson for time and location. (714) 834-0928.
- SALMACIS - SECOND SATURDAY each month. 7:30pm-??? Unstructured social get-together for TV/TS. Donation \$2.00 except GG's and post-ops covers cost of refreshments. 1409 Garden St. Glendale. Lynda & Ann (213) 241-9093.
- TRI-SIGMA - 2nd SATURDAY each month. heterosexual transvestites only. 7:30 pm -??? rumored to be moving to second saturday. Donation \$5.00. social/educational meetings. call Carol Beecroft (209) 688-6386 or Patti (213) 424-7206 for details.
- CHIC - Meets every 4 or 5 weeks at an LA hotel. For further details, call Sandy Thomas at (213) 501-6935.
- OXNARD/VENTURA RAP - Still trying to form but not many signed up yet. write c/o Gender News.

INFORMATION CENTERS:

T.E.A.C.H. (TV Info)
P.O. Box 289
Hollywood, CA 90028

TRI-SIGMA (TV Info)
P.O. Box 194
Tulare, CA 92374

C.H.I.C.
P.O. Box 995
Hollywood, CA 90028

SCYROS - Nancy Watson (TV Info)
P.O. Box 18202
Irvine, CA 92713

Oxnard/Ventura T Rap Group
c/o Gender News
P.O. Box 532
Port Hueneme, CA 93041

PARADISE (TV/TS social group)
J. Lane
1522 Hardy Rd.
Akron, Ohio 44313
(216) 929-9607

RENAISSANCE: GENDER IDENTITY SERVICE
P.O. Box 11341
Santa Ana, CA 92711

The Janus Information Facility
Paul A. Walker, Ph.D., Director
311 California St. Suite 700
San Francisco, CA 94104
(Please send \$5.00 donation when writing)

GOLDEN GATE GUYS/GIRLS (TV/TS)
P.O. Box 62283
Sunnyvale, CA 94088

TRANSITION MIDWEST (TS info)
P.O. Box AA1034
Evanston IL 60204

CONFIDE (TV/TS info)
Box 56
Tappan, NY 10983

JOANNA CLARK (legal info for TS's)
P.O. Box 2476
Mission Viejo, CA 92690
(714) 493-0397

GENDER NEWS

DECEMBER 1980

THE OUTREACH INSTITUTE (TV/TS INFO, books)
 Kenmore Station
 Box 368
 Boston, Mass. 02215

Gay Community Services of Christ Chapel
 117 E. 8th St. Suite 816
 Long Beach, CA 90813
 (Counseling for TS's) (213) 432-8047

DIGNITY/L.A. (gay catholic newsletter)
 P.O. Box 27516
 Los Angeles, CA 90027

THE LABYRINTH FOUNDATION (female-to-male TS)
 122 Windsor Terrace
 Yonkers, NY 10701

SUBSCRIPTION RATES:

One Year (12 issues)	\$9.00	
Single copy	\$1.00	
Back issues Vol I # 1 thru Vol I # 11	\$1.25	(mostly 7 pages, #1 is 3 pages)
Back issues after Vol I # 11	\$1.75	(15 page newsletters)

ADVERTISING RATES:

Your Business Card: One month \$3.00 Two months \$5.00
 Full or half page: Please write for quotation stating whether you will supply printed material which we can staple into the newsletter, or whether we are to print from your artwork master. We don't have staff to do the artwork ourselves. Sorry.

Classified ads: Up to 24 words \$1.00. Each additional word 5c.

All sales are final. We reserve the option to obliterate, mark sold, or take other action on cancellations. All material must be in the editor's hands no later than the second-last Thursday of the month.

-- HANDY ORDER FORM --

YOUR NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

() ADVERTISEMENT: _____

() SUBSCRIPTION: _____

() QUESTION/COMMENT: _____

() OTHER: _____

Please make all checks payable to either JEAN S. LAWRENCE (editor) or SHEILA M. BLAISE (publisher) and send them with your order to:

GENDER NEWS
 P.O. BOX 532
 Port Hueneme, CA 93041

G E N D E R N E W S

VOLUME I NUMBER 11

AUGUST 1980

GENDER NEWS is an independent newsletter loosely accosiated with the Tru-Self steering committee. Single copies cost 50¢ or you can order a one year subscription for \$6.00. All correspondence should be addressed to:

Gender News
P.O. Box 532
Port Hueneme, CA 93041

Article submissions are definitely solicited from anyone and will be printed subject to the limitations of space and good taste. Permission is granted to reprint any material original with the Gender News. Where credit has been given to another source, please contact that source for permission to reprint.

-- PASSING --

Perhaps our attitudes on "passing" reveals more about which box (TV, TS, Drag Queen, etc.) we fit in than any other single attitude. Certainly its a subject of great interest to all concerned. I'd like to offer both some facts and some editorializing on this subject.

There are at least three stages of passing so lets define them first. Passing means that you are taken for that sex which you are attempting to portray with no doubts in the observer's mind. Being "read" means that the observer has spotted your true sex and knows the truth, again with no doubts. The third category is a sort of no-mans land. You are not being read yet an observer is left uneasy or with actual doubts. I'll call this state "not being read".

The attitude a person has about passing fairly well defines his or her box because the people in each box have different goals and their goals are directly related to how well they pass. A transsexual or transgenderist wishes to be a woman in all ways. A TS/TG would never do anything that would give away their native sex under normal circumstances. They may accidentally slip now and then as they learn their new role, they may relax their control when in a closed group of others in the know, or they may tell someone if they feel especially close to that person and don't wish to deceive them, but otherwise they would not leave any clues for a stranger to pick up on.

Drag Queens, on the other hand, dress to attract gay males for sexual purposes. They have to blow their cover or a gay man would think them a woman and thus have no interest in them. This may be done in any number of ways from merely not looking convincingly female, to looking flawless but talking in a deep voice and acting in a masculine manner.

Transvestites have a wider range of goals than the other categories. At one extreme is the fetishist who may only be interested in specific garments. He will have no interest in passing and may never even don a full woman's outfit. At the other end of the TV spectrum we have the borderline TG. This person can look and act perfectly when she chooses to do so. She will probably maintain her image when in public as well as the true TS/TG but may very well have an occasional impulse to do something to cause herself to be read. This impulse may be a desire to make a social commentary ("society's dress codes are a rip off for guys"), the TV may get gratification from the shocked expression on an observer's face, or it may be necessary for the TV to do something to re-establish his male identity. In any event this impulse would not be present in a true TG/TS.

How well can you expect to pass? Quite well actually - on the average. If you are six foot five and weigh 400 pounds you might want to reconsider your goals. You may be able to pass but you're sure going to have to work at it! (Send a picture if you succeed - I may not believe it otherwise.) At age 18 the average male is 5' 10.2" tall and weighs 144.8 pounds while the average female is 5' 4.4" and weighs 126.2 pounds. There is considerable overlap in the scales with the shorter and lighter than average males being shorter and lighter than the above average females. For example the lightest 5% of males averages a height of 5' 5.9" and weight of only 110.3 pounds. Ms Magazine recently reported that there are at least 25 million women in the US (30% of all adult women) who are size 16 or larger and 8.5 million who are size 22 or larger.

The image of the big woman is coming back. In the 1920-1940's era stores did consistently good business in large size dresses and coats but they lost interest when the junior size market developed. Large size manufacturers and divisions are now seeing increases from 15 to 100 percent per year! In addition to the old stand-bys of Lane Bryant, Roaman's, Women's World, Catherine's Stout Shops, you can now find clothes to fit in regular stores. Macy's California stores are reported to be especially good and May Company has a large and lovely department. All of which goes to prove that there are LOTS of big women and size is usually the biggest problem in passing. You can lose weight to some degree but you can't hide your height.

People look at big women. If you are above average in height and most of us seem to be, you will be looked at. If you are able to be comfortable enough with your sense of identity that you read those looks, not as "look at the man in a dress" but as "Look at the big woman" and if you can respond in your mind with, "You're darn right I'm a big woman. Look good too, don't I." then you will have no trouble passing. Some things are obvious. If you hope to pass then you really should shave off your beard, for example. Less obvious but equally important is your mental attitude. If you go out expecting to be read or worried about being read then you probably will be read. If you can relax and just let yourself be yourself then no one will be able to read you and you will pass with ease.

At this point the editorializing begins. What about the people who go out in public but don't pass? You know the type - loud deep voice, 4" heels and a satin evening gown, 3 pounds of makeup and all that just to go to K-Mart! Well, perhaps that's an exaggeration but we've all seen someone who was clearly male by some clues - beard, voice, or whatever, yet who was wearing obviously feminine clothes. I'm a-1 in favor of personal freedom but it has to be balanced with a social conscience also. The public is largely uninformed about transvestism and transsexualism. There are relatively few of us around so if one of the above members is seen that may be the only one John Q Public has ever seen and his whole concept of TV/TS's will be based on that one sample. Guess how high he is going to rate us? Again, the occasional person who goes out in drag and commits a bank robbery, gets busted for prostitution, or whatever may well make the local papers and again the public forms its opinion of the whole community on the basis of one or two people. It is my opinion that if you plan to be seen in public then you should both look and act the part to the best of your ability. If you have to let your beard grow for electrolysis, then don't go out as a female. Do it right or don't do it. As I said that is my personal opinion and yes, I do practice what I preach. If anyone would like to offer a rebuttal, the address of the newsletter is on the first page. Please write legibly. Thank you.

Jean S. Lawrence

-- GETTING A DRIVERS LICENSE --

Almost all of us have a driver's license and for TS's this means that sometime or other you will want to get your's changed to reflect your new sex. Some of the DMV offices are very cooperative - I found this to be the case in Oxnard. Others seem to go out of their way to cause trouble - Hollywood has been reported to be one of these. You may want to consider going to one of the outlying offices rather than to a city office like Hollywood when you go for your change. You may get more cooperation (then again, you may not - I don't promise anything.) The Oxnard office was very cooperative and even agreed to xerox their instructions for me to print in the newsletter. Hopefully this will help both them and us as you will now know what to expect from them and what they will expect of you. You should appear before them in your feminine attire, acting every bit a lady, and have with you your letters from your doctor(s). The details are described below in the section from Part III--Drivers Licenses, Corrections and changes. Change of sex.

21.301 Requests For Sex Change

When a licensee requests a change of sex on a driver's license or identification card, a no-fee correction application should be prepared. The abbreviation "C/S" should be entered on the fee line after the code "NF". The notation "sex change" should also be noted in the box provided at the top of the application. The previous license or ID card must be surrendered for attachment. An interim license may be issued in the requested sex.

The application will then be referred to the nearest Driver Improvement Analyst District Office. A DL-11 must be attached to the application indicating the examiner's opinion after observation of the applicant: "appearance and demeanor predominately (male) (female)". If the examiner is in doubt, the notation should read: "Predominance of either sex not apparent to examiner". The applicant should be told to send medical verification, over a physician's signature, directly to the analyst.

If the applicant holds both a driver's license and an identification card, the change must be made on both documents. In such case, two no-fee applications will be required.

The permanent number on the I.D. card or driver's license being surrendered for a change of sex should not be typed on the new application as a new number will be assigned by Sacramento headquarters. The File Security Unit (Route Code 1102) will maintain these type file cases. The automated system will show a "Missing Record Code R".

If the old number is available at the time the application is made in the field, it should be written in pencil at the top of the application to aid in proper identification in the event the application and old I.D. card or license become separated from the new application which is being assigned a new number.

When a person requests the sex change, and presents a certified copy of a birth certificate or a valid passport as evidence of the sex change, the change will be made as requested without referral to a DIA. The new driver's license and/or ID card application will be completed as above, except that the DL-11 will not require observation notations regarding predominant sex. The DL-11 must state that the sex change was verified from a birth certificate or passport, and that it is "OK to issue". An interim license should be issued in the requested sex. The application will be forwarded in the usual manner (Bates order).

-- MORE DEFINITIONS --

Last month we published a list of definitions of terms relating to gender dysphoria. Dianne has been good enough to submit her own version of some of these definitions. Unfortunately we don't have room to print her entire article as it ran to 3 full pages. I have tried to condense it as much as possible without altering the sense of her definitions. Please note that these definitions do not agree exactly with those given last month. As I said, there is considerable debate over some of the specific application of terms. No doubt others hold to still different definitions.

Dianne has attempted to define five categories of crossdressing such that all crossdressers will fit into one or more of the categories. They are: Transvestite (TV), Transgenderist (TG), Transsexual (TS) Hermaphrodite, and Drag Queen (DQ).

A Transvestite is one who likes to wear the clothing of the opposite sex. They may have any number of reasons for their desire such as curiosity, sexual stimulation, etc. The true TV does not desire to impersonate the other sex. A one time event, or even a few times, does not make a person a TV. Rather, one must have demonstrated the desire at times over a long period of time. Professional female impersonators are classed as TV's if they have worn clothing of the opposite sex over a long period of time regardless of whether they ever wear it off stage or not.

The Transgenderist differs from the TV in that the TG is not satisfied merely wearing the clothes of the opposite sex but also wants to emulate them mentally and physically with the exception of the genital organs. The TG will attempt to become accomplished in the various skills of the other sex such as makeup, hair styling, deportment, etc. The TG may have corrective plastic surgery to make his/her body more closely conform to that of the other sex but a TG will not have any surgery done on the genital organs. The TG may seek to live full time in the role of the other sex.

The Transsexual goes one step beyond the Transgenderist and actively seeks to have the genital organs altered to appear as those of the opposite sex. TS's are subdivided into pre-op and post-op depending on whether or not they have had corrective genital surgery.

The Hermaphrodite is a person who is born with both male and female genitals. This occurs about once in every 300,000 births.

The only comment Dianne had to make on the Drag Queen was to note that a person who met the definition of a drag queen might also meet the definition of one of the other categories as well.

Dianne concluded with the following statement with which I heartily agree: "It behoves me at this point to request that if you disagree, please do not be contemptuous, but offer a solid basis for your disagreement, and if possible, offer something better." As always, if you want to submit your comments, the newsletter mailing address is on the front cover.

-- PEP TALK --

The Thursday rap group is a support group for each other. Its purpose is to inform and to help with emotional support those persons undergoing the gender dysphoria phenomenon. Everyone in the group has their own problems. Coping with Transsexualism is enough of a problem by itself. This perhaps makes us more difficult to get along with at times than the average person. We must, therefore, make a greater than normal effort to turn the other cheek, ignore the occasional snide remarks etc from others (or at least don't take them to heart) and instead, try to understand and forgive one another. Many members

have responded to problems by running away from the group. By withdrawing you hurt mostly yourself but the group suffers as well. You are no longer open to the information and communication that is available at the meetings and you have lost one place you can go to discuss your concerns with others who have some true understanding. You hurt others by being one less person there to offer advice, sympathy, and help to them in accepting themselves as they are. You may also be supplying physical protection at the meetings even if you don't know it. I found this out a few weeks ago when we had a small meeting. Usually I have one or more passengers to the restaurant but that week was alone. Walking from the car to the diner I got propositioned by two men. Fortunately I was able to handle the situation and didn't get hurt, arrested, raped, or whatever but who knows what might have happened? In numbers there is safety.

There is one simple rule to follow and I forget which science-fiction writer it was that coined it. It goes as follows, "Don't annoy other people and if you are other people, don't allow yourself to be annoyed too easily."

Keep the peace. Jean

-- OTHER ORGANIZATIONS --

There are several groups in the greater LA area that serve the various needs of the TV/TS community. The following is a brief description of some of them.

SALMACIS meets the second saturday of each month starting about 7:30-8 pm and lasting till anywhere from 11 pm to 1am depending on the group present. It is a purely social organization open to all TV's or TS's. There is a \$2.00 charge to cover the cost of refreshments. Salmacis meets at 1409 Garden St. in Glendale. For more details contact Ann or Lynda at (213) 241-9093.

SHANGRI-LA has become a national organization and the Scyros Chapter is the local branch of it. This is a TV/TS social group and they meet the first saturday of each month from about 5pm to 11pm. This group sponsors many expeditions to local restaurants, disco's, etc. Call Nancy Watson for details at (714) 834-0928.

SOCIETY FOR THE SECOND SELF (TRI-SIGMA) is an organization only for heterosexual transvestites. TS's and gays are discouraged from attending. Meetings are held the third saturday of each month starting about 7:30 pm. Meetings are held in a local hotel and may be both educational and informally social. Occasionally guest speakers are brought in to talk or give demonstrations. There is a \$5.00 charge to cover the cost of the room and refreshments. For more information contact either Pattie at (213) 424-7206 or Carol Beecroft at (209) 688-6386.

A NEW GROUP may soon be forming in the Oxnard/Ventura area. It has no name yet but we are looking for it to be patterned along the lines of the Thursday Rap session - open to all persons involved with the gender dysphoria community and acting as a source of information and mutual assistance. Anyone interested should contact Jean Lawrence at the newsletter mailing address on the first page.

CHIC is another organization in the area and I know very little about it. I understand it is aimed primarily at transvestites who are experts at passing and who are usually professional people at work. I would be glad to write them up better if they would care to submit some information about themselves.

-- PUBLICITY --

The June 16, 1980 issue of NEW YORK Magazine ran a rather lengthy article titled "The Anguish of The Transsexuals" by Sharon Churcher. While the article was well written and most of the facts seemed to be correct the article was a masterpiece of attack on us because it dealt solely with the negative side of transsexualism. It explored the failures, the studies such as the meyer report,

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and the other aspects from the negative side of transsexualism. Lip service was paid to the success side only to make the unwary think that the article was not biased. She concludes her article by comparing transsexual surgery to the lobotomies of the 1930-1950's. About the only redeeming feature of the article is that she wasn't biased in one way - she paid equal attention to the female-to-males as she did to the male-to-females. Ms. Churcher's qualifications to write such an article weren't detailed in the portion of the magazine given to me. One wonders what her motivation was. Perhaps someday we'll find out. Thanks Dwight for passing the article to me.

-- MORE PHYSICAL EVIDENCE --

Science News (volume 117) ran an article giving still further evidence that a persons gender identity may be more a matter of biology than psychology. Julianne Imperato-McGinley of Cornell University Medical College presented the results of her research to a meeting of the Endocrine Society. She had studied some 53 children both in the US and in Santo Domingo who were born with a genetic defect causing them to appear as females at birth though they were actually genetic males. In the Santo Domingo cases the error became apparent at puberty when male secondary sexual characteristics became evident. Of 18 children who had been raised unambiguously as girls, 17 changed to male identities successfully. In the US, 8 babies were considered hermaphrodites and were surgically castrated and raised as females. 5 of them have serious psychological problems and it is not certain that they can make it as women.

Imperato-McGinley said that normally hormones act in concert with a child's rearing to establish gender identity but when the rearing differs from the hormonal gender, a biological override seems to go into effect. The particular cases studied differ from normal hermaphroditism in that there there is no male hormonal thrust so the rearing as a female is the predominant force.

Thank you Dianne for this article.

-- GOOD STUFF --HOTLINES/INFORMATION

Transsexual Hotline	(213) 257-0500	Carol Katz
Transvestite Hotline	(213) 269-1489	T.E.A.C.H.
" "	(213) 241-9093	Salmacis
" "	(213) 385-8001	Shava D'Arthur (5-11 pm weekends only)

INFORMATION CENTERS

T.E.A.C.H. (TV info)	Scyros - Nancy Watson (TV info)
P.O. Box 289	P.O. Box 18202
Hollywood, CA 90028	Irvine, CA 92713
Society for the Second Self (TV info)	CONFIDE (TV/TS info)
P.O. Box 194	Box 56
Tulare, CA 92374	Tappan, N.Y. 10983

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RENAISSANCE: Gender Identity Service
P.O. Box 11341
Santa Ana, CA 92711

Juanna Clark (legal info for TS's)
P.O. Box 2476
Mission Viejo, CA 92690
(714) 493-0397

The Janus Information Facility
Paul A. Walker, Ph.D, Director
311 California St. Suite 700
San Francisco, CA 94104

Oxnard/Ventura T Rap group
c/o Gender News
P.O. Box 532
Port Hueneme, CA 93041

Please send \$5.00 donation when writing).

MEETINGS

Transsexual Rap - Thursdays 6:30 - 9:00 pm Metropolitan Community Church, 1050 S. Hill St. Los Angeles, CA. 50¢ donation. Contact Carol Katz for more details at (213) 257-0500.

For other meetings, See page 5.

-- SUGGESTED READING --

If you are looking on how-to tips the following magazines are recommended. Obviously they don't cater specifically to TV/TS's but they do provide information that you can use.

Female Mimics (available at adult book stores)
BBW Magazine (Big Beautiful Women - deals with the problems of tall and large women)
Glamour
Cosmopolitan
Seventeen Magazine (especially helpful. Teaches young girls how to be young women)
Journal of Male Feminism (available thru Lee's Mardi Gras)
Transvestia (For TV's primarily)
And zillions of beauty and hair magazines on any newsstand

-- ORDER FORM --

- () Advertisement: _____
() Question/Comment: _____
() Subscription: _____
() Other _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE: () _____ ZIP: _____

All information will be kept in the strictest confidence. Please mail the form to the Gender News, P.O. Box 532, Port Hueneme, CA 93041.

OCT 15-24, 1982

FANTASIA FAIR®

...IS FOR LEARNING
...IS FOR CONFIDENCE
...IS FOR FUN

A UNIQUE OPPORTUNITY TO LIVE, LEARN AND
EXPLORE DIVERSE ASPECTS OF
ALTERNATIVE GENDER LIFESTYLES



FANTASIA FAIR...

In the autumn of the year a wonderful program takes place on historic Cape Cod, Massachusetts. Called Fantasia Fair, it is a nine day living/learning experience for Crossdressers, Transsexuals and Androgynes, (CD/TD/AN). Participants come from all over the United States, Canada, Mexico, Europe and other parts of the world, to enjoy and explore an alternative lifestyle in an open tolerant environment. Friendly local people and merchants give all who come a warm welcome.

WHO COMES TO FANTASIA FAIR

CROSSDRESSERS (TVs) (males & females) — emerging from their 'closets' who want to improve on practical aspects and desire to establish new friendships.

TGs & TSs (males & females) — wanting to explore, in depth, aspects of an alternative gender role that will help immeasurably in smoothing their transition. (Helping Professionals recommend this program as a must for their clients.)

SPOUSES & FRIENDS — wanting to learn more about the dynamics of alternative gender roles and enhance their understanding of these behaviors.



...IS FOR LEARNING

Organized by the Outreach Institute, the program of Fantasia Fair provides interwoven social, practical and educational experiences. Participants in our Fashion Beauty Program learn correct application and use of cosmetics . . . how to highlight their best facial features . . . choose appropriate hair/wig styles to accent and balance facial structure and development of comportment complementing their chosen gender role. A Make up Clinic is also available to assist participants with specific problems. Other consultants will help in the areas of proper foundation and wardrobe selection and the best use of accessories.



...IS FOR CONFIDENCE

Fantasia Fair offers a series of Seminars and Workshops to help in gaining the much desired confidence for a chosen gender role. For instance Speech Improvement workshop participants learn the elements of elocution, modulated voice amplitude and the relationship between speech patterns and gesturing. The Sociological Aspects Seminar provides many insights into the process of feeling comfortable in an alternative gender role and offers a variety of approaches in handling yourself in typical social situations. The Cross-gender Awareness Workshop helps you understand the nature of the feminine and masculine energies within us and how to achieve a comfortable balance between the two. (For more details see section on Seminars, Workshops and Special Programs).

...IS FOR FUN

Fantasia Fair offers a number of major events especially for registered participants. Here one gets that opportunity to live that moment of fantasy where (s)he can be a high fashion model on a lighted runway displaying fashions to their best advantage for both casual and social occasions, or (s)he can dream of appearing on stage, in the Fan/Fair Follies, presenting a talent before an appreciative audience, or (s)he may dream of attending the elegant Awards Banquet to dazzle others by her taste and manners. These dreams can become your reality at the Fair. The Town & Gown Supper gives one a chance to meet local townspeople, enjoy a buffet supper and exchange ideas and views about different lifestyles. There are also numerous cocktail parties, PJ parties, whale watching excursions and a visit to the Cape Cod National Seashore. The key to each of these fantasies is pure fun through living them out no matter how good or bad you may think your image may be. It is taking the plunge and doing it without feeling competitive and sharing your dreams with wonderful friends and sisters.



...IS FOR YOU

The program of major events for registered participants like

The Fashion Show
The Fan/Fair Follies
The Town & Gown Supper
The Formal Awards Banquet
The Fantasy Ball
The Pool Party & Bathing Suit Revue

PLUS (at no extra cost)

Many breakfasts, lunches and dinners
Several Cocktail parties
Wine & Cheese Socials
Informal Rap Sessions
'Paraculture' Leaders Gathering
Special Dinners
Fashion—Beauty Course

THE SEMINARS AND WORKSHOPS

The seminars and workshops offered at Fantasia Fair give participants a unique opportunity to learn from experts about issues and questions related to alternative gender lifestyles. No other program addresses the legal, sociological, medical and androgynic aspects of crossgendered behaviors as presented at the Fair. Each seminar and workshop, though optional, is highly recommended. A modest fee is charged for attendance at each and discount rates apply to those attending more than one seminar or workshop. Consult the card for costs.

CROSS-GENDER AWARENESS WORKSHOP. This seminar is intended to help the Fair Goer come to grips with some of the subtler elements of their alternative gender role. Through a carefully programmed guided fantasy experience, participants will become aware of the androgynous nature of their lifepattern and will be better able to cope with different issues that confront people who choose either a masculine or feminine gender role pattern for living.

LEGAL ASPECTS SEMINAR. Under the direction of a team of lawyers, some of the issues covered include: what the law says about cross-dressing, how to find legal counsel to help people with legal aspects of crossgender issues, how to deal with the question of 'blackmail,' what are your legal rights with regard to jobs and to your children.

MEDICAL ASPECTS SEMINAR. Usually presented by a medical professional, this seminar teaches you about the nature and appropriate use of hormones, elements for cosmetic surgery, details about reassignment surgery in the USA, and post operative conditions and caveats that follow.

SOCIOLOGICAL ASPECTS SEMINAR. Here concern is centered on some of the fundamental aspects and attitudes of crossgender behaviors. These include the elements of 'passing,' the nature of the 'satin doll' image, passing versus lifestyle, finding employment in an alternative gender role, and the nature of 'social cueing' and its importance in the process of successful gender role transition.

OUTREACH INSTITUTE SEMINAR. Open to all registered participants gratis this seminar presents the educational objectives of the Institute for the CD/TS/AN community and helping professionals. There are special reports and the full range of programs and services offered by the Institute. Discussion will include how the Outreach Institute has made its impact on helping professionals, this paraculture and the general public.

SPEECH IMPROVEMENT WORKSHOP. This program, led by a speech therapist, is designed to teach the basics of gender speech patterns, techniques of voice modulation, elements of elocution, and relationships between speech patterns and gesturing. This special 10 hour program is offered in several successive sessions during the Fair. Participants who are prepared to make this time commitment and want to learn the dynamics of changing speech habits should consider enrolling. See the rate card for the registration fee.

A WORKSHOP FOR SPOUSES & FRIENDS. This program is offered to assist spouses and friends in better understanding crossdressing and crossgender behaviors. Developed by the Outreach Institute and a helping professional with much experience in counseling couples and individuals on gender issues for crossdressers. Topics include discussions of how crossdressing affects relationships, some strategies for coping with the issues, how to be supportive without being abused, discussing the issues with children and much more. See the rate card for costs.

GRACEFUL MOVEMENT WORKSHOP. This program is designed to teach the art and practice of graceful body movement. It includes elements of aerobics, some modern dance techniques, the language of body motion and body movement awareness. It will take place over the course of the Fair. See the rate card for the registration fee.

FANTASIA FAIR IS IN PROVINCETOWN, A WELCOMING COMMUNITY

Fantasia Fair is held in Provincetown at the very tip of Cape Cod. It offers superb views of Massachusetts Bay and the Atlantic Ocean. Originally settled by the Pilgrims, the area became a major center for commercial and sports fishing. The town has a long history of acceptance of alternative lifestyles from those of early artists and writers, to both male and female homosexuals, mixed married couples. The Outreach Institute chose this attractive town because most of the residents and other visitors want your stay at the Fair to be comfortable. They accept one for no more or less than they actually are.

Today the fishing industry is supplemented by a very active colony of artists and writers, some of whom are well known. The homes, many of which were built in the 1800's gives the town a special charm and serenity. In the Fall of the year the climate is sunny and mild, and the splendor of the autumn colors makes it a delightful choice for a vacation at this time of the year.

ACCOMMODATIONS

To accommodate participants of the Fair, we have chosen several locales ranging from guest houses, inns/motels, to well appointed efficiency apartments. All accommodations are with private bath and are heated. For your choice of accommodations and rates, please refer to the rate card included with the brochure.

WEEKENDER PROGRAMS

For those who cannot make the entire week of Fantasia Fair, we have arranged special weekend programs. Please write for details.





How to Register

- (1) Complete the registration form provided in this brochure.
 - (a) Be sure to indicate clearly the exact dates you wish to participate and your first and second choices for accommodations.
 - (b) Please list your mailing address exactly as you wish to receive all correspondence.
 - (c) A telephone number is not mandatory but may be helpful in case of program changes or other necessary communications.

- (2) Send completed registration form with a minimum deposit of \$125 per person (check or money order) to:

**FANTASIA FAIR LTD.
KENMORE STATION, BOX 368
BOSTON, MASS. 02215**

(a) All money orders and checks must be payable in U.S. currency. (No personal checks will be accepted after 45 days prior to the start of the Fair.)

(b) Make all money orders and checks payable to Fantasia Fair Ltd.

(c) Final payment to be made to Fantasia Fair Ltd. by certified bank check or money order only, unless sent 45 days prior to the start of the Fair.

(d) To facilitate your payment to Fantasia Fair Ltd., we offer a charge account service including either a valid VISA/MASTER CHARGE CARD. You may charge your balance of Fantasia Fair Ltd. costs, excepting for the initial deposit. Please indicate clearly your VISA/MASTER CARD number.

- (3) Upon receipt of your registration and deposit a receipt of space confirmation will be mailed to you.

- (4) A statement of your balance due will be sent to you shortly after you register. Please note that except in the case of late registration, all accounts must be paid in full no later than 30 days prior to the start of the Fair. Your cooperation with this will be appreciated.

- (5) As soon as your registration is processed, newsletter and other material will be sent to you from time to time in order to help you prepare for Fantasia Fair.

- (6) If you have any questions, you may write to EVE GOODWIN, c/o Fantasia Fair Ltd., Kenmore Station, Box 368, Boston, Ma. 02215 or, you may phone Eve any Thursday evening (8-11 PM EST) at 617-277-3454. Sorry, we are unable to accept collect calls.

FANTASIA FAIR 19**REGISTRATION** (Please type or print clearly)

Mailing Name _____ Femme/Masc. Name _____

Address _____

City/Town _____ State _____ Zip _____

Telephone No. _____ (ac) home _____ (ac) off _____

Best time to call _____ If we call, for whom should we ask _____

PLEASE REGISTER ME FOR THE FOLLOWING TIME

Full 9 days (_____ date) Weekend I (_____ date) Weekend II (_____ date)

Other (Specify dates) _____

My Spouse/Friend will be joining me at the Fair (specify dates) _____

I would like the following accommodations
Inn/Motel _____ 1st Choice _____ 2nd Choice _____
Efficiency Apt. _____ S.O. D.O. _____ S.O. D.O. _____**I WOULD LIKE TO ATTEND THE FOLLOWING SEMINARS & WORKSHOPS** (See brochure & rate card)

S1 S2 S3 S4 All 4 Seminars : WS1 WS2 WS3 WS4 WS1 & WS2

Option 1 Any 1 seminar & WS1 ; Option 2 Any 1 seminar & WS1 & WS2 ; Option 3 Any 2 seminars & WS1

In agreement with the Conditions for Participation, I am enclosing a deposit of \$ _____ (min. of \$125/person) which will be treated as partial payment for total sum due.

Date _____ Signature _____

I WISH TO CHARGE THE BALANCE OF MY FAN/FAIR REGISTRATION

ACCT NO. _____ MC _____ VC _____ , Expiration Date _____

Interbank No. _____ , Signature _____
(located above your name) (as signed on your card)**FOR OFFICE USE ONLY** Date Recv'd _____ Choice of Fair Plan _____

Balance due _____ Final Pymt. rcv'd _____

Seminar & Workshop choice _____

For FF '82 Directory _____ Pymt. for FF '82 Album _____ Photo Rel. _____

A Special Offer

For those who like a visual impression of the Fantasia Fair, we are making available two different FAN/FAIR ALBUMS. These contain detailed information about scope of activities and events accompanied with photos that are typical of a Fair Goer's experience. Designated FAN/FAIR ALBUM I and FAN/FAIR ALBUM II, each album is \$12.00. A set of two is \$20.00. To place your order, complete this coupon and return it with the remittance to our office. Please make your money order or check payable to Fantasia Fair Ltd.
(U.S. Funds Only).

YES, I would like to receive copy(ies) of FAN/FAIR ALBUM I or FAN/FAIR ALBUM II at \$12.00/copy
(Please specify)

YES, I would like to receive set(s) of FAN/FAIR ALBUMS I & II at \$20.00/set.

Add \$2.00 for postage and handling.

Total: _____

Name

Address

City/Town State Zip

Please include my name on your mailing list:

YES NO

REGISTRATION FEES

TIME	INN/MOTEL		APARTMENT	
	s.o.	d.o.*	each of two	s.o.
Full 9 days	595	495	535	895
Either Weekend**	195	175	250 (on space avail.)	315
Each Successive Day in Excess of 3	105	95	N/A	
Per Diem	135	105	N/A	

* s.o. = single occupancy; d.o. = double occupancy.

Note: FF will assign a second participant to share apartments when necessary.

** details of weekend programs on a separate sheet.

SEMINAR & WORKSHOP FEES

PROGRAM	COST
S1 — Legal Aspects	35
S2 — Medical Aspects	35
S3 — Sociol. Aspects	35
S4 — Outreach Inst.	Free
WS1 — Andro. Awareness	55
WS2 — Grace & Body Movement	55
WS3 — Sp. Improv. Prog. (limited to 10 participants)	150
WS4 — Spouses & Friends	Free

Additional information:

Light lunch included with each seminar.

For registration to all 4 seminars, the fee is reduced to \$90.

For registration to WS1 & WS2, the fee is reduced to \$100.

For any 1 seminar and WS1, the fee is reduced to \$80.

For any 1 seminar and WS1 & WS2, the fee is reduced to \$130.

For any 2 seminars and WS1, the fee is reduced to \$115.

CONDITIONS FOR PARTICIPATION

In the conditions the term "Institute" refers to Fantasia Fair Ltd. and the term "participants" refers to the person signing the registration form.

(1) Registrations will be accepted from all persons who have reached their 18th birthday prior to 15 October 1982.

(2) Fantasia Fair participants are expected to maintain certain minimum standards of attire and deportment that are appropriate to individuals of any respectable group. If a participant's behavior continues to be inappropriate, the Institute reserves the right to terminate that participant's stay, refunding to the participant 50% of the charges for the time remaining at the point of termination.

(3) The deposit of \$125.00 per person shall be treated as partial payment of the total sum due, as stated in this brochure and by agreement between the Institute and the participant.

(4) All participants who have their accounts paid in full prior to August 1, 1982 will receive a discount of 5% of the total cost of the selected plan (exclusive of seminars and workshops).

(5) Except in cases of late registration, all payments are due no later than 45 days prior to the start of each Fair. If payments are delinquent after that time, unless special arrangements are made, the Institute reserves the right to cancel the reservation as per No. 6B below.

(6) If a registration is cancelled, the Institute will refund to the participant all monies paid LESS the following amounts:

(a) Cancellation 2 months prior to the start of each Fair: \$45.00

(b) Cancellation 1 month prior to the start of each Fair: 65% of total.

(Cancellations after 1 October will be non-refundable.)

(7) The Institute reserves the right to make necessary program changes. Participants will be informed of these changes where possible, and will be offered these alternatives:

(a) to accept these changes.

(b) to cancel participation and accept a refund of 70% of all monies paid.

(8) The Institute reserves the right to make a service charge for a room/facility change made at the request of a participant once the Fair period begins.

(9) Except where otherwise noted, the Institute acts only as an agent in arranging lodging and other personal services. The Institute will not be liable in the event of failure of contracting parties to honor their commitments. The Institute will not be liable for personal injury whether arising from an incident during the Fair or otherwise. The Institute will not be responsible for consequential damages whether arising from an incident during the Fair or otherwise. The Institute will not be responsible for lost or damaged personal property.

**Interpersonal
Change
Activists'
Network**

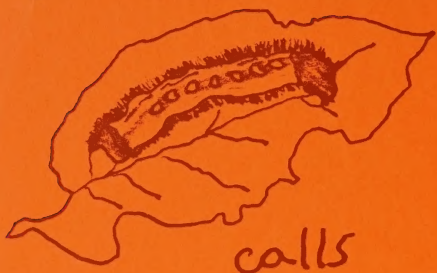


BENDER CLINIC

7 Davis Sq.
Suite 9
Somerville
Mass. 02144

(617) 666-8280

What the



calls

the End of

the World ..

... [the Wise] call

a



... Richard Bach

I CAN is committed to wholistically oriented services. In recognizing the range of individual variation and the commonality of so much of human experience, we offer a comprehensive program tailored to meet individual needs, but with a minimum time and program involvement requirement.

THE FOUR SEMESTER BASIC PROGRAM FOR GENDER DYSPHORIA

Pre-entry: Intake/evaluative phase. Medical, social, psychological, psychiatric and sexual functioning histories and work-ups.

Entry: SEMESTER ONE

Substance Abuse Overview
Financial Planning
Sexuality 1
Legal Transitions 1
Vocational Class 1a
Vocational Class 1b

SEMESTER TWO

Overview - Electrolysis
Hormone Therapy
Surgery
Health Care 1 & 2
Stress Management/Relaxation
Grooming and Personal Style 1

SEMESTER THREE

Transitions - Living as New Gender, 1, 2, & 3
Grooming and Personal Style 2
Roles and Behavior Options
Social Networks

SEMESTER FOUR

Final Evaluations
Surgery Referrals
Sexuality 2
Surgery

Graduation: Those who complete the entire program will be able to attend an official

Post Graduation (Post Surgery):

- Minimum requirements
 - 3 month check in appointment (medical, surgical & psychiatric)
 - 6 months continued therapy or counseling
 - 1 year with peer support group

* All treatment is by individuated plan. The plan is negotiated and contracted between the client and the primary therapist.

** I CAN offers a family program as an option (again, all treatment is by an individuated plan).

*** Those who do not continue in the gender dysphoria program may opt to continue in our alternative programs.

We, as an integral part of the Massachusetts service providers' network, are able to draw on a large number of resources, as well as make referrals, throughout the system.

We are affiliates of HBIGA (Harry Benjamin International Gender Dysphoria Association).

Staff memberships include:

Mass. Coalition for Minority Mental Health; Association for Women in Psychology; International Executive Fitness Clubs; APGA; American Black Psychologists' Association; Mass. & National Coalition of Battered Women's Service Providers; ADPA; Mass. Gay Political Caucus; VFW; National Assoc. for Female Executives; Vietnam Vets Against Foreign War; Vietnam Vets Assoc. of Mass.

Graduation & CLASS

Identity

I CAN is staffed by a well-trained, highly professional group of people who are sensitive to and experienced with a wide range of gender/sexuality/lifestyle issues.

ANNE A. BURGER: M.A. Psychotherapist. N.Y.
3 yrs. post grad exp., and MA. certified teacher
4 yrs. pre-grad exp. whose vast experience

includes in- and out-patient therapy, community organizing, advocacy, outreach & training on gender, sexuality & lifestyles.

BARBARA PALMER-LITCHFIELD:
15 yrs. in M.A. Psychotherapist. Cert.
professional Alcohol Counselor. Masters level
practice group facilitator/facilitator trainer.

Experienced in grant-writing, program design and management. Seven years work in sex/sex-roles and gender.

JOSEPH PALMER-LITCHFIELD:
6 yrs. of practice Cert. Alcohol Counselor.

Advanced Cert., Family Forum. Specialist in community development/organizing, issues of male identity/growth/sex-roles and traumatic stress reactions.

GENDER CLINIC AFFILIATIVES:

Jack Rutledge, M.D.: Internist. Specialist, post-op. TS area.

Kimberly J. Williams: M.A. Reg. Electrologist. Specialist in TS/TV hair removal. Liaison for cosmetic consultants.

Elias P. Dow, M.D.: Endocrinologist.

*We have additional affiliative consulting staff.

I CAN - Other Areas of Service

PSYCHOTHERAPY AND COUNSELING:

- individual, couple, marital
- groups, organizations
- social networks

SUBSTANCE ABUSE:

- Alcohol, food, drugs

SPECIAL INTEREST GROUPS:

- racial & ethnic minorities
- male & female combat-situated Veterans & their families
- alternative lifestyles
- growth & transitions
- professional support networks

WHOLISTIC HEALTH:

- wellness inventories
- stress reduction
- retreats

NETWORKS FOR SENIOR CITIZENS

PARENTING

YOUTH NETWORKS:

- children, teens
- adoptive, foster, pregnancy
- gay youth

SEXUALITY & INTIMACY

FEMINISM

Support the

GENDER CLINIC

MEMBERSHIPS ARE TAX DEDUCTIBLE

- * All monies will be used to improve service delivery.
- * Membership entitles you to receipt of newsletters and program mailings.

- ☐ Please send more information.
- ☐ Please enroll me as a:
- ☐ Low-income Member \$10/yr.
- ☐ Contributing Member \$25/yr.
- ☐ Supporting Member \$100/yr.

Enclose name and address.

G E N D E R N E W S

VOLUME I NUMBER 10

JULY 1980

GENDER NEWS is an independent newsletter loosely associated with the Tru-Self steering committee. Single copies cost 50¢ or you can order a one year subscription (12 issues) for \$6.00. All correspondence should be addressed to:

Gender News
P.O. Box 532
Port Hueneme, CA 93041

Article submissions are definitely solicited and to encourage them we will experiment with a new policy: For each article used that is at least one page long as printed, the author will receive one free copy of the Gender News.

--- PARENTS ISSUE ---

Since we have just finished celebrating Mother's Day in May and Father's Day in June it seems appropriate to devote an issue to articles of interest to parents. If you are a parent of a "T" we hope you will find some information of use in the following articles. If you are a "T" why not send a copy of this issue to your parents? It may help them understand and accept you. What do you have to lose?

--- AN OPEN LETTER ---

Mom volunteered to write a letter to parents of other transsexuals. I think you'll see as you read it that she is writing from her heart.

Parents:

As a mother of a transsexual, I would like to express my feelings, in hopes that it will help other parents who feel the guilt, shame, and self-repercussion as I did.

I kept blaming myself for the way my son felt. It wasn't easy to accept, when you have four sons, and as all parents I would dream about the future as they grew up, planning what each one would become. I knew there was something different about one of my sons, because I could see the loneliness, and bitterness in his face when he had to play the he-man role, doing all the things his other brothers and friends did, just to please his parents. How unfair can we parents be? I realize that now. It isn't an easy thing to accept. We love our children so much, expect so much from them, yet we can't realize that they love us also, and when we refuse to listen and try to understand their feelings, which they cannot change, we push them away from us, as if they were something unclean or shameful. Who are we thinking of, our children or our selfish motives? or pride? or our neighbors? There are parents out there in the world who have sons or daughters who are murderers, thieves, drug addicts, prostitutes, etc, yet we parents accept them and love them. Why then is it so hard, parents, to accept a son or daughter who is transsexual? They are still the same person we love. All that is changed is the physical part to conform with the spiritual self. In other words to have two positives come together, instead of a negative and a positive pulling them apart.

* CONTINUED *

* An Open Letter - CONTINUED *

I have been attending and getting involved with a transsexual group for some time. It has helped me to really understand a lot of things. There is no way parents of transsexual children can understand their children's feelings by reading, watching TV, or other means. The only way to really understand is by getting involved tin transsexual raps with your children who are transsexual. Listen to their side of things. I love every one of them and am proud to be called Mom, but I can only be a substitute which is not like the real thing. They are all very well mannered and respectful.

Now a lot of you parents believe that all this is against God. When our savior was here on Earth he did not say, "I do not love any man or woman who feels that their sex gender is in the wrong body." He said, "I love all of you, and you love one another as I love you." He makes no exceptions of persons. He also said if any member of your body offends you, remove or change it. So, if your physical body has something wrong that does not conform to your spiritual self, how can anyone be happy?

Parents, life is short. Why can't you try to accept your children as transsexuals, and support and help them, so that the few years we have on Earth will be happy ones, loving and enjoying our children that God has lent to us. Then we can give God a good accounting for a job well done as parents. Please feel free to write to:

E. Trujeilo
747 So. Ford Blvd. #21
Los Angeles, CA 90022

--- DEFINITIONS ---

Before we can intelligently think about a subject or discuss it with others we need to know the language dealing with that subject. You wouldn't try to discuss a car's engine if you didn't know any words like "Piston", "cam shaft", "spark plug", etc, would you? Neither can you discuss gender dysphoria until you learn the language. There are relatively few terms that must be learned at first so we will present here a sort of dictionary. Most of these terms have been discussed at the Thursday rap sessions with considerable disagreement as to the finer points of their meaning but at least there seems to be a consensus as to their broad definition so we will present only the basic definition here. These terms are discussed in greater depth in several of the books listed in last month's newsletter

HOMOSEXUAL - (from Latin Homo=man, Sexus=sex ie. the sexual man) A homosexual is a person whose sexual preference is for members of the individaul's own sex rather than those of the opposite sex. This becomes rather confusing when applied to a transsexual. Lets be courteous and define homosexuality such that a transsexual would be considered homosexual if the preferred partner was a member of the sex to which the transsexual aspired. That is, a male to female TS would be homosexual if she preferred women for sex partners.

HERMAPHRODITE - A person with both male and female genitals. ie. both a penis and a vagina.

- GYNECOMAST - A male with partially or fully developed breasts.
- TRANVESTITE - A person who dresses in the clothing of the opposite sex. Most of the disagreement over this definition arises from trying to limit the definition to certain people based on their frequency of "cross-dressing", the purpose they have in doing so, etc thus defining a transvestite to be a particular type of person rather than defining transvestism as a description of an act. We will here use the broader definition of a transvestite as any person who performs the act of cross-dressing. Also note that the clothing worn may vary from a single item for a fetishist to a complete outfit in the case of the transsexual.
- DRAG QUEEN - A homosexual male who cross dresses in order to attract other homosexual men.
- GAY - Homosexual
- TRANSSEXUAL - A person who wishes to adopt all aspects of the opposite sex including, but not limited to, visible appearance, attitudes, societal status, mannerisms, etc. Frequently defined as a person who "feels him/her self trapped in the body of the opposite sex.
- SEX - Male or Female. There are any number of ways to define a persons sex and the same person may yeild different answers by different tests. There is sex of record - what your birth certificate says you are (also driver's license, passport, etc.). chromosomal sex - whether your chrosomes are XX (female), XY (male), or some other pattern. Hormonal sex - whether your hormone level is more typical of a female with estrogens predominating or of a male with androgens dominating. Genital sex - whether you have a penis or a vagina. Societal sex - whether you live as a male or a female. Contrast with gender, below.
- GENDER - Masculine or feminine. A person's gender identity is the way they see themself while their gender role is their public expression of their gender identity. A pre-operative transsexual could, for example, be of the male sex but have a feminine gender identity. In fact, this may be a better definition of a transsexual.
- TRANSGENDERIST - A person who, like a transsexual, wishes to adopt the aspect of the opposite sex but, unlike the transsexual, does not wish any genital surgery to make their sex conform to their gender. This term was coined by Virginia Prince.
- GG - A Genitic Girl. One who was born female and has XX chrosomes.
- TO PASS - To be taken as a member of the opposite sex when cross dressed.
- TO BE READ - To fail to pass. To have one's genetic sex determined despite the crossdressing.
- ETIOLOGY - The science of causes or origins.

Anyone who disagrees with any of the above or who wishes to add to the list is invited to submit, in writing, their own definitions and we'll print them at the first opportunity. The above definitions came in part from the following sources:

Transition - a Confide publication

The Transsexual Phenomenon - Harry Benjamin, M.D.
 Transvestites & Transsexuals - D. H. Feinbloom
 Webster's New Twentieth Century Dictionary

--- WHY? ---

The single most important question for parents of transsexuals must be, Why? Why is my son or daughter this way? Where did I go wrong? What did I do or fail to do? Why, why, why?

Unfortunately there is no simple, agreed upon answer to these questions. Most of the books indicate that a person's gender identity is established within the first few years of life - certainly by age 4 or 5. After this period it will never change. Why though, do some individuals adopt a gender identity in conflict with their genetic sex? Is it something they are born with? Or is it something they learn in these first few years?

Apparently there is both a physical and learned aspect to transsexualism. From studies of both normal and transsexual patients it appears that there is some physical difference that predisposes a person to respond to their environment in such a way that their gender identity differentiates to that of the opposite sex. Both the physical predisposition and the proper mental stimulus are necessary in order for a transsexual to occur. Note that this physical difference is not yet determined and very well may not be hereditary. So far, the only physical evidence is the H-Y Antigen reported on last month. (see related article in this issue). Whether there are further physical differences or not remains to be seen.

Considerably more significant results have come from the psychological and psychiatric studies. (more in quantity at least, if not in significance). Perhaps the following statistics will be of comfort to parents. H. Taylor Buchner surveyed 262 subscribers of Transvestia magazine. These were predominately transvestites with a few transsexuals as well. Only 18% indicated their parents were divorced or separated before age 18 while 75% had a father with a good masculine image. 52% said their father was dominant while 42% said the mother was dominant. 84% indicated that they were treated just as any other boy, as far as they remembered.

Some environmental factors are known to influence a child's gender. Father-absence is associated with less participation in contact sports, more time in nonphysical, noncompetitive activities, and more feminine scores on psychological tests. Parental sex anxiety induces femininity in both boys and girls. Mother's insistence on good table manners, severity in toilet training, and punishment of aggression toward parents was associated with femininity in both boys and girls. There was no support for the theories that parents with highly stereotyped ideas of their own gender roles would transmit this to their children nor that parents who expected strong behavioral differences in young boys compared to young girls would result in more distinctive behavior of the child.

It is interesting to note that biology prefers the female! At various steps in the process from conception thru puberty, your body must choose between male and female. At each of these steps where some hormone must either be present or not, it is the male which requires the presence. In other words nature

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prefers the female and something extra must be added to make a male. This may help explain why there are far more male-to-female transsexuals than female-to-males.

One other fact that lends credence to the theory that any physical differences may not be hereditary is the fact that there are very few, if any, families who have more than one transsexual son. The one may be the youngest, oldest, in the middle, the only child, only son, or any other combination but will almost certainly be the only transsexual child in the family.

From the above we see that the stage was set for the transsexual very early in childhood - long before the child was able to make a conscious choice about their gender. It is not something one chooses. There are (or were as of the most recent books I've been able to find) no reported cases of psychotherapy successfully treating a transsexual after early childhood. (I did find one or two cases of partial success at about age 11 but these were exceptional cases where the child's gender identity hadn't formed due to the peculiar environment he/she was in.) There are several alternatives open to a person diagnosed as a transsexual. The best hope currently is to accept oneself for what one is and make the best of it. One can also attempt to suppress their true gender identity. This latter path frequently leads to either a catatonic state or to suicide. (The suicide rate among transsexuals is abnormally high).

Please do not take any of the above as gospel. It is a synthesis from a number of sources. Almost every fact is disputed by someone. I have tried to present the most responsible and widespread theories and data but new facts are being discovered daily and, in any event, each case is unique. The Erickson Educational Foundation made the following recommendation: "But it cannot be too strongly stated that to question 'why' is the scientist's proper job, and his alone. It is harmful, and even destructive, for the family of a transsexual to look back for the causes of his difficulties. Such a search based on one case only and biased by emotional involvement may easily mask an assignment of guilt, either to yourself or to your child. It would be better to look instead to the present, and share this present with him, fulfilling his need for your love, understanding, and acceptance."

--- H-Y ANTIGEN - PART TWO ---

Transition magazine published by Confide had an article in their issue number 13 giving more details on the H-Y Antigen. We reported last month that this was the first physical difference found in transsexuals. The paper was announced by Dr. Wolf Eicher at the Fourth World Congress of Sexology in Mexico City. The tests were administered to 22 people - 11 genetic males and 11 gg's. We have sent for a reprint of the paper and hope to carry more details later.

--- WHAT ABOUT AFTER SURGERY? ---

Dr. Jon Meyer issued a highly publicized report in the mid-70's in which he claimed that transsexual patients showed no improvement after the surgery. Terry sent us a clipping from the May 14, 1980 issue of the South Bay Daily Breeze (UPI San Francisco) which cites a University of Minnesota study. Their study, based on 22 followups out of 49 surgeries done, "show a significant improvement in psychological functioning." Dr. Sharon Satterfield, director of the university's program in human sexuality, said the Meyer report conflicted "with a dozen other investigations of transsexuals and was 'greatly discredited'".

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by professionals who work with transsexuals." They also found that the better the surgical results, the higher the "life satisfaction".

One of the problems in doing followups of this nature is that after the surgery the patient is no longer a transsexual but a man or woman and as such tends to blend into the mass of humanity never to be seen again (unless complications arise). Thus the only patients surveyed in a followup tend to be those who have had problems. Small wonder that Meyer came up with his results. The key point, however, is the psychological shift made at this time from being a TS to being a male or female. This is reflected in the patients subsequent actions and life style. For example, only occasionally do post-ops return to the Thursday rap sessions. Most do not wish to be spotted as a former TS and so avoid old friends. Again, please realize that this is not a magical change. the groundwork must have been laid so that the change is a natural flow at this time.

--- PREGNANT? ---

I know that the surgical techniques have been greatly refined since Christine Jorgensen's time and are still being perfected. The entire male to female surgery is now done in one operation. The patient can, after surgery, perform the normal female role in sex including having orgasm in most cases. I didn't think we had progressed yet to the stage where a post-op could concieve or carry a child. But, I was there at langers and saw her eating pickles and ice cream myself. What are you holding out on us Vicky?

--- DREAM ---

I'd hoped to run a fair sized article on DREAM this month but I just don't have room. Briefly a motel on the Oregon coast is rented out for a week and the staff of a modeling school is brought in to give lessons to TV's and TS's. Prices range from \$345.00 to \$750.00 depending on accomodations desired, number of people, and length of stay. For more details, write DREAM, Box 58, 507 Third Ave. Seattle Washington 98104.

--- GOOD STUFF ---

PARENTS the organizations listed in this section offer help to transsexuals and transvestites. Most can offer help to you also, or at least suggest sources of help for you. Please feel free to contact them if you feel a need for more information or for counseling.

HOTLINES/INFORMATION

Transsexual Hotline	(213)	257-0500	Carol Katz
Transvestite Hotline	(213)	269-1489	T.E.A.C.H.
Transvestite Hotline	(213)	241-9093	Salmacis
Transvestite Hotline	(213)	385-8001	Shava D'Arthur (5-11 pm weekends only)

INFORMATION CENTERS

T.E.A.C.H. (Transvestite Information)	Scyros - Nancy Watson (TV Info)
P.O. Box 289	P.O. Box 18202
Hollywood, CA 90028	Irvine, CA 92713

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Society for the Second Self
(TV info)
P.O. Box 194
Tulare, CA 92374

CONFIDE
Box 56
Tappan, N.Y. 10983

RENAISSANCE: Gender Identity Service
P.O. Box 11341
Santa Ana, CA 92711

Joanna Clark (Legal Info for TS's)
P.O. Box 2476
Mission Viejo, CA 92690
(714) 493-0397

The Janus Information Facility
Moving: formerly University of Texas
Medical Branch
Galveston, TX 77550
(Please send \$5.00 donation) in process of moving to San Francisco

Gender News
P.O. Box 532
Port Hueneme, CA 93041

MEETINGS

Transsexual Rap - Thursdays 6:30pm-9:00pm Metropolitan Community Church 1050 S. Hill
St. Los Angeles, CA. 50¢ donation. Contact Carol Katz (213) 257-0500

The Dudes, Female to male TS rap - Mondays 6:30-9:00pm call for location \$1.00
donation, Carol Katz (213) 257-0500

Salmacis, TV/TS social group, \$2.00 charge, Second Saturday of each month 8pm -??
1409 Garden St. Glendale, CA Ann or Lynda (213) 241-9093

Scyros Chapter of Shangri-La, TV/TS social group, first Saturday of each month
5pm-11pm Call Nancy Watson (714) 834-0928 for details.

Society for the Second Self TV social group \$5.00 charge, Third Saturday of each
month 7:30pm - ?? For information call Pattie (213) 424-7206 or
Carol Beecroft (209) 688-6386

My thanks to all those who submitted information this month. I'm sorry I
didn't have room to use it all in this issue. I'll try to get more of it in
next month. This is a problem I love to have so please keep those submissions
coming!

Jean S. Lawrence, editor

G E N D E R N E W S

VOLUME I NUMBER 9

JUNE 1980

GENDER NEWS is an independent newsletter loosely associated with the Tru-Self steering committee. Single copies cost 50¢ or you can order a years subscription for \$6.00 (12 issues). All correspondence should be addressed to: Gender News

P.O. Box 532

Port Hueneme, CA 93041

Article submissions are definitely solicited and to encourage them we will experiment with a new policy: For each article used that is at least one page long as printed, the author will receive one free copy of the Gender News.

--- NEW WAVE ---

Nine issues ago, in October 1979, Terry and Sheila brought forth the first issue of the new Gender News. This new GN has no relationship to any newsletters that have existed under the same name prior to that time (or currently for that matter) other than sharing with those former papers a duty to make every effort to supply its readers with timely, accurate information.

Again this month, the Gender News has undergone a change. Sheila is still with us as publisher of the newsletter but, as Terry announced last month, with this issue I, Jean Lawrence, have taken over as editor. I'd like to offer my congratulations to Terry for a job well done and I hope that I can do as well.

Everyone has her own idea of how a job should be done, and I'm no exception. You should expect to see some changes in the newsletter. I hope you will like them. Whether you do or not, I hope you will tell me how you feel about the newsletter - what you like about it and what you dislike. I'm not a mind reader and unless you speak up you won't have much chance to influence the type of material we choose to present.

One of the first things I asked Sheila when I knew I would be editing the paper was, "Who are our readers?" It appears that our readership is composed approximately as follows:

Transsexuals	30%
Transvestites	25%
Psychologists, Psychiatrists, etc.	15%
Physicians, endocrinologists, etc.	15%
Others	15%

I have some idea of the sort of articles that TV's and TS's would like to see but I confess that I have no idea of what our medical readership is interested in. I hope some of them will see fit to write and let me know what sort of articles they would like to see. I certainly don't want to slight them as they compose a healthy chunk of our readership!

I see four major categories from which I hope to present articles:

1. local happenings
2. opinions
3. lists, facts, and statistics
4. Well researched technical articles including book reviews

While I would like help in all of these categories my greatest need is for help in reporting local happenings. Living in the "boonies" as I do, I'm not always up on the latest LA happenings. In some cases its downright impossible - The Dudes, for example, would probably not appreciate my presence at their meetings. Therefore I'll have to depend on others to help collect this information. You can get some idea of the sort of material I'm interested in both by looking at the samples in this newsletter and by asking yourself what local events you would like to read about. How about it? Anyone want to be an official reporter?

So, without further ado, let the new wave roll in!

--- H-Y ANTIGEN ---

Is gender dysphoria something you are born with? Is it something you learned as a baby? Or, is it some combination of both? No one knows for sure but the first indication that there may be at least some physical component has just been revealed.

The H-Y Antigen is a substance which occurs on the surface of red blood cells. It is normally found in genetic males and not in genetic females and can be detected by doing a karyotype, or chrosome study. The presence or absence of the H-Y Antigen is not affected by drugs such as the male or female hormones frequently taken by transsexuals.

Recent studies of the H-Y Antigen in transsexuals were reported last December at a conference in Mexico City. The results were as follows:

Male to Female	Female to Male
80% negative	80% positive
10% equivocal	10% equivocal
10% positive	10% negative

Thus, most TS's were found to resemble the sex with which they identify rather than their genetic sex. This may prove to be a valuable tool in identifying actual or potential TS's even before they are aware of it themselves.

--- BOOKS ---

Did you know that the "subject" sequence volume of "Books In Print" actually has a separate section for "change of sex"? The following are currently in print and can be ordered by your friendly neighborhood book dealer, according to the 1979-1980 issue.

- Benjamin, Harry. The Transsexual Phenomenon 1977 \$2.25
 Conn, Canary. Canary 1977 \$1.95
 Feinbloom, Deborah. Transvestites & Transsexuals 1977 \$3.95
 Feinbloom, Deborah. Transvestites & Transsexuals; Mixed Views 1976 \$12.50
 Green, Richard & Money, John, eds. Transsexualism and Sex Reassignment 1969 \$32.50
 Hunt, Nancy ed. Mirror Image 1978 \$8.95
 Kando, Thomas. Sex Change: The Achievement of Gender Identity by feminized Transsexuals 1973 \$8.75
 Koranyi, Erwin K. Transsexuality in the Male; The Spectrum of Gender Dysphoria 1979 \$17.50
 Martino, Mario & Harriet. Emergence; a Transsexual Autobiography 1977 \$10.00
 Morris, Jan. Conundrum 1975 \$1.50
 NMD. Change of Sex: The Psychodynamics of Change of Sex Through Surgery No. 89 1969 \$6.75
 Raymond, Janice G. The Transsexual Empire: The Making of the She-Male 1979 \$12.95
 Smith, Phoebe. Phoebe 1979 \$3.50
 Stoller, Robert J. Sex & Gender: On the Development of Masculinity & Femininity 1968 \$32.50
 Stoller, Robert J. Sex & Gender: The Transsexual Experiment Vol 2 1976 \$20.00
 Money, John. Differentiation of Gender Identity \$4.00
 Money, John & Ehrhardt, Aske A. Man & Woman, Boy & Girl: Differentiation & Dimorphism of Gender Identity from Conception to Maturity 1973 \$18.50
 Money, John & Tucker, Patricia. Sexual Signatures: On Being a Man or a Woman 1976 \$3.95
 Money, John, ed. Sex Errors of the Body: Dilemmas, Education, Counseling 1968 \$8.50

--- HAPPENINGS ---

On May 3 Jean hosted a slumber party in Oxnard. Despite the distance, a half dozen girls were able to attend. Thanks to Dianne, the early arrivals enjoyed a turkey dinner that just couldn't be beat! The high point of the evening had to have been the contest for the sexiest nightie. On the second ballot Kitty won first prize after improving her odds by suitably altering her costume. Chris was awarded second prize in a nightie borrowed from Lynn who was quite frustrated at taking third prize. Sheila was fourth, dianne fifth and Joann was awarded the booby prize for not participating. Sorry we can't print the pictures! A good time was had by all and I suspect there will be a larger crowd next year!

Congratulations to Jean Lawrence who was recently elected church clerk at MCC Ventura.

The 1980 Gay parade & Festival will be held June 21 and 22 in West Hollywood. The parade will start at 3pm Sunday at Fairfax and Santa Monica, proceeding down Santa Monica to Robertson. The festival site is located on San Vicente between Santa Monica and Melrose.

Joanna Clark was present at the May 22 meeting of the Thursday Rap Group. She gave some very valuable information on insurance companies. It seems that Prudential, Travelers, Lincoln National, Metropolitan Life, Connecticut General, and Northwestern National Life insurance companies have all paid off in the past for major surgical operations.

The problem with insurance lies in getting a valid policy. If you have been on hormones or have had a psychological evaluation then you have a "pre-existing condition" and can't just run out and buy a policy as they all have clauses excluding conditions known to exist when the policy was bought. If you are in this boat, the only solution is to get a job where you will be covered under a group policy. After being covered by the group policy for 1 year you may be eligible for payments on the various medical bills we're all familiar with. You will have to check your policy carefully, of course, because not all are worded the same.

If you haven't got a medical record showing that you are "T" then your best bet is to sign up for a good policy immediately, wait about 6 months, then get your evaluation. Again check the policy carefully before you sign up!

The Janus Information Facility is moving to San Francisco and should be open again sometime in June.

Now that the winter rains are over, attendance at Salmacis has started increasing. There seems to be a high ratio of TS's to TV's attending. Where did all you TV's go? For those of you not familiar with Salmacis, it meets the second Saturday of each month in Glendale. Salmacis is a TV/TS social group where you can come and express your fem self in a relaxed party environment. There is a \$2.00 charge (post-ops and genetic females exempt) to cover the cost of refreshments.

I'm afraid I've gotten this bit of information a little garbled in the translation, but I'll repeat it anyway in the hopes that someone will write in with the correct details. In talking to my dentist he mentioned that one of the possible side effects of hormone use may be gum problems. I didn't get the details written down at the time but you may want to keep an eye on your gums and be sure to floss daily. Can anyone amplify on these few details?

GENDER NEWS

JUNE 1980

--- GOOD STUFF ---

MEETINGS:

<u>When:</u>	<u>Where:</u>	<u>Why:</u>	<u>Information:</u>
Monday 6:30-9:00pm	"The Dudes" Closed meeting, Call for location	Female to Male Transsexual rap \$1.00 donation	Bob Riedel or Carol Katz (213) 257-0500
Thursday 6:30-9:00 pm	Metropolitan Community Church 1050 S. Hill, LA	Transsexual Rap 50¢ donation	Carol Katz (213) 257-0500
First Saturday of each month 5:00-11:00pm	Scyros Chapter of Shangri-La Call for location and information	Transvestite/ Transsexual Social Group	Nancy Watson (714) 834-0928
Second Saturday of each month 8:00-?:??pm	Salmacis 1409 Garden St. Glendale, CA	Transvestite/ Transsexual Social Group \$2.00 charge	Ann or Lynda Sopor (213) 241-9093
Third Saturday of each month 7:30-?:??pm	Society for the Second Self, Call for location and information	Transvestite Social Group \$5.00 charge	Pattie (213) 424-7206 or Carol Beecroft (209) 688-6386

HOTLINES/INFORMATION:

Transsexual Hotline (213) 257-0500 Carol Katz
 Transvestite Hotline (213) 269-1489 T.E.A.C.H.
 Transvestite Hotline (213) 241-9093 Salmacis
 Transvestite Hotline (213) 385-8001 Shava D'Arthur (5-11pm weekends only)

INFORMATION CENTERS:

T.E.A.C.H. (Transvestite Information) P.O. Box 289
 Hollywood, CA 90028

Scyros - Nancy Watson (TV Information) P.O. Box 18202
 Irvine, CA 92713

Society for the Second Self (SEE)
 (Transvestite Information) P.O. Box 194
 Tulare, CA, 92374

GENDER NEWS

JUNE 1980

INFORMATION CENTERS, CONTINUED.

CONFIDE

Box 56, Tappan, N.Y. 10983

RENAISSANCE: Gender Identity Service P.O. Box 11341

Santa Ana, CA 92711

Joanna Clark (Legal Information
for Transsexuals)

P.O. Box 2476
Mission Viejo, CA 92690
(714) 493-0397

The Janus Information Facility
(Please send \$5.00 donation)

Moving: formerly University of Texas
Medical Branch, Galveston, TX 77550
In process of relocating to San Francisco

Gender News

P.O. Box 532
Port Hueneme, CA 93041

ACTIVITIES/TRU-SELF STEERING COMMITTEE:

Sheila M. Blaise

Gender News publisher
Secretary/Treasurer

Lynda Jeane Metts
Victoria M. Baca
Bob Reidel

Carol Katz
Shava D'Arthur
Eva Madrid

Advisor (Transsexualism)
Advisor (Transvestism)
Advisor (Parental Relations)

ADVERTISEMENTS:

Sure, we'll take advertisements. The rates for camera ready copy are:

1/8 page	\$6.00 per month
1/4 page	\$8.00 per month
1/2 page	\$10.00 per month
Full page	\$18.00 per month

Classified ads will be run at a cheaper rate as follows:

8 lines	\$5.00 per month
4 lines	\$3.00 per month
2 lines	\$2.00 per month

GENDER NEWS

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SUBSCRIPTIONS:

Subscriptions may be ordered at \$6.00 per year (12 issues). Single copies cost 50¢. Other organizations are invited to send us their newsletter and we will swap ours on a one for one basis assuming comparable size, quality, etc.

Subscriptions or single copies may be ordered from the Gender News, P.O. Box 532, Port Hueneme, CA 93041 or you may obtain them in person at the Thursday TS Rap session (see good stuff, meetings) or at the Salmacis meetings (also listed in good stuff).

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--- ORDER FORM ---

- () Advertisement: _____
- () Question/Comment: _____
- () Subscription: _____
- () I can help with: _____
- () Other: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE: () _____ ZIP: _____

All information will be kept in the strictest confidence.

Please mail the above form to: Gender News
P.O. Box 532
Port Hueneme, CA 93041

GENDER NEWS

VOLUME II NUMBER 1

OCTOBER 1980

GENDER NEWS is an independent newsletter loosely associated with the Tru-Self steering committee. Article submissions are definitely solicited from anyone (especially our professional readers - hint, hint -) and will be printed subject to the limitations of space and good taste. Permission is granted to reprint any material original with the Gender News provided that due credit is given. Where credit has been given to another source, please contact that source for permission to reprint.

Subscription and advertising rates are located on page 15. Please address all correspondence to:

Gender News
P.O. Box 532
Port Hueneme, CA 93041

IN THIS ISSUE

Due to recent events, we have spent considerably more space in this issue on the Alpha Gamma Project than was originally intended. While I don't regret the space - the issue is both important and current it does mean that several articles which I'd planned to include this issue will have to wait till later. We hope to have a complete report on DREAM '80 next issue as well as the pictures from Jude's party. Subject to available space, we will also try to catch up on the articles on depression, the liver, and the editorial on hobbit holes. I hope this change hasn't caused anyone any trouble. - Jean

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Late rumor has it that Magic Mountain has been purchased by the Mormons. "Gay Nite" and such are no longer likely.

ELECTROLYSIS

Virtually all male-to-female TS's eventually learn more about electrolysis than they really want to know. There are a few things, though, that are worth repeating at least for the newcomers.

The price and quality of work vary considerably from one electrologist to another. You would do well to phone a number of different places and get their rates. Then try several different places both inexpensive and expensive so you can see what you are paying for. One person may charge \$5 more an hour but work twice as fast or have a much higher kill rate than another. The more expensive person may be cheaper in the long run.

Don't drink coffee, tea, coke or other caffeine drinks before electrolysis. The caffeine is reported to enhance the pain when taken in normal quantities. A couple of aspirin a half hour before your appointment, however is a very good idea!

Lately my electrologist has been swabbing my skin with chloroform. It helps deaden the area temporarily and reduces the pain. Other pain relief may also be available, ask your electrologist.

You should expect to spend from \$2000 to \$4000 for complete electrolysis of the face. You may be able to drop this figure some by having student work at the Wilshire School of Electrology. Check with them for rates and availability of appointments.

JUDE'S PARTY

With an official title of "5th Annual The John Augustus Foundation Renaissance Pot Luck" its no wonder that everyone was calling it "Jude's party". Whatever the name, it was great!

Over 100 people showed up at Jude's house in Santa Ana on Sunday September 7 to share food and fun. Both were had in abundance. Many of the more well known members of our community were present including Canary Conn, Joanna Clark, Virginia Prince, Carol Katz, Arlene Lafferty, Nancy Ledins, and of course Jude Patton. I've probably left out several but I have to do this from memory. My apologies to those I missed. We took pictures of several of the above and most of them were willing to let us print their picture in the newsletter. Due to the timing of DREAM this month, we can't get them in this issue but we hope to have them next month.

Not all of those attending were "T" themselves. There was a sprinkling of concerned others, doctors, educators, one (at least) sex education film maker, etc. There just wasn't enough time to meet everyone who was there. All in all, it was a real good group of people. Too bad its so long till next summer!

During the rest of the year, though, is really when the important work gets done. The Renaissance: Gender Identity Services (RGIS) was formed in August 1976 as an unincorporated, nonprofit service organization to provide assistance to the gender dysphoric community. Since its inception, RGIS has been responsible for the enactment of California's birth certificate legislation which permits the California Department of Health to issue new birth certificates to post-op TS's. RGIS was also a major contributor to the lobbying effort which defeated SB2200 - the state bill which would have prohibited medical from paying for sex reassignment surgery.

Currently RGIS is initiating a lobbying effort to get President Carter to amend executive order 11246, as amended by 11345, to include sexual status. This would prohibit some companies from discriminating

against transsexuals. RGIS is also trying to get congressional support in amending Title VII of the Civil Rights Act of 1964 to include sexual status.

RGIS plans to continue its work in providing community education, information and referrals. They plan to publish a series of booklets and abstracts and to continue publishing a quarterly newsletter. Two of their most important activities are, in their opinion, peer counseling and participation in professional education.

You can support Renaissance by being a supporting member for \$12.00 for one year. In return you can get either a year's subscription to their newsletter or a copy of Joanna Clark's "Legal Aspects of Transsexualism" free. If you can't be a supporting member, you can still subscribe to their newsletter for \$3.00 per year. Donations are always welcome also and they are tax-deductable. Send all checks to: RENAISSANCE: GENDER IDENTITY SERVICES, P.O. Box 11341, Santa Ana, CA 92711.

***Fall's arrived:
it's time to
switch gears!***

"RIGHT ON!" says your editor, Jean Lawrence as she impatiently counts down the remaining days till September 29. That's the "big day" for her as its the first day she will appear at work as a female. "For some people having surgery is 'the main event', but for me this is more important. Surgery is important to me but it will affect only my relation to my body and my possible sexual activity. This change will affect my whole lifestyle at all times."

How is it going so far? "Everyone at work knows what I'm doing and many have seen pictures. All have been very supportive. I don't expect any trouble."

Jean has never been known for being a patient person and this countdown period has been rough on her. "Its sort of like the wait before Christmas mixed with the wait for the dentist," is the way she describes it. "I'm anxious for the day to arrive but there's some fears mixed in too. I think that's only natural."

Next month we'll try to report on how it all went.



Whose birthday? Why ours, of course! With this issue the Gender news starts its second year of life. Its been a lot of work but there's a lot to show for it.

Our first issue was only 3 single sided sheets. There were no articles. Its main point was to share some of the hotline and resource information now found in our "Good Stuff" department, and to announce the "First annual Gender News Picnic" (as it was called in issue # 2). That picnic held at Griffith Park in Glendale turned out to be a poorly attended and soggy affair as the weather didn't cooperate. No plans have been made thus far for the second annual picnic. Any takers? Or perhaps we should plan something for Halloween??? Times getting short!

One of the things that the first issue carried and which has been lost along the way was a suicide hot line. Does anyone know any current numbers? This is something we should restore to the Good Stuff column.

We've come a long way in the last year but we couldn't have done it without your help. Please keep the articles, clippings, and whatever's coming. For the size of our readership I think you're all doing a great job. Keep it up!

BLOWUPS HAPPEN

We've had several different types of "blowups" in the last week. I have some mixed feelings about airing them in the newsletter but I finally decided that the benefits outweigh the problems. We all need to be aware of what could happen to us. This will, hopefully, spike some of the rumors that will probably be going around too. Finally there were some good sides to the problems and the good deserves its fair share of recognition.

PIG POWER

The first problem has to do with the Hollywood police. Bearing in mind that this report is all second-hand information we will try to repeat what we heard as accurately as possible.

It seems one of our girls, E, went to a local park (if not an official, government sanctioned, park, at least it was an open grassy area that looked like a park. There was some discussion as to its exact status). She was minding her own business when stopped by the Hollywood police. They handcuffed her, beat her, then let her go. I guess its safer to pick on unarmed minorities than to try to solve actual crimes or hassel real criminals. We've all seen this sort of thing before but what can be done about it?

The unhappy answer is both not much and quite a lot. There isn't much we can do about this specific incident. E didn't get badge numbers of the officers. Perhaps she can recognize them and learn their identities, possibly she has some witnesses who will be willing to testify, and maybe she can afford to take the matter to court. We wish her all the luck she can use - She'll no doubt find it an uphill battle.

On the other hand there are some things we can do to try for a long term solution that will benefit all of us and other minorities who have the same problems. LA

isn't the only city with problems. Even *
 Oxnard has its troubles. Oxnard, however, *
 is doing something. They've recognized *
 that there are problems and have published *
 a "Police Complaint/Review Procedures *
 Pamphlet". Procedures have been set up *
 to insure that everyone has the opportunity *
 to report police conduct that they believe *
 is unprofessional. *

The procedure establishes a system to *
 monitor police conduct and to direct *
 corrective action when justified. If a *
 relatively small city like Oxnard can do *
 something like this, surely similar steps *
 could be taken in the larger cities where *
 the problems are more prevalent. You can *
 do your part by checking with the city *
 offices to find out if any such procedure *
 already exists. If so USE IT! Also, find *
 out all you can about it. Get xeroxes of *
 the procedure if possible or take notes *
 if not. Send the material to the newsletter *
 so we can spread the word. If there is *
 no set of procedures, then there should be. *
 Write your city councilman and describe to *
 him the problem and suggest that he try *
 to get procedures established. Talk it up *
 with others - especially the "solid *
 citizens" whose influence will help. Try *
 to get them to write their councilmen. You *
 could write a letter to the editor to try *
 to describe your problems and suggested *
 solutions. That's only a sample of the *
 types of things you can do - there are *
 many more approaches to the problem.

The basic point of the whole thing *
 is that there is no cure for isolated *
 cases of police brutality but you can help *
 stamp it out by working on the larger *
 picture. You have a vested interest in *
 the matter and the success or failure is *
 purely a matter of how much effort you *
 and others just like you are willing to *
 put into the search for solutions. The *
 problem won't go away by itself and you *
 can't expect others to fight for you if *
 you won't do some of the work yourself. *
 The challenge has been laid down. Will *
 you pick it up? *

There are several things you can do *
 to keep out of trouble or to minimize *
 problems once you are in trouble.

The first rule of thumb is "Don't *
 call attention to yourself". If you hang *
 out in the same places that hookers frequent *
 and at odd hours of the morning (like 2 am *
 for example) you can expect the police to *
 give you trouble. Likewise if you stand *
 out in a crowd because of your appearance, *
 the way you are acting, what you are doing, *
 or whatever, the police will be more likely *
 to check you out. Many of our problems *
 start from one of the girls out on the *
 streets alone late at night. It's no wonder *
 the police get interested. Consider how *
 many genetic, non-prostitutes, are out at *
 that time in those places - about zero! *
 Transsexualism isn't just cross-dressing, *
 it involves acting like a lady and that *
 includes not going places when a lady *
 wouldn't go.

Not all of the problems are avoided *
 so easily. E's incident, for example, *
 occurred at 5pm - hardly the middle of the *
 night. If it is at all possible, try to *
 travel with a friend. This way you will *
 have a witness whatever happens and you *
 may be less likely to be stopped in the *
 first place. Choose your friend with care, *
 however. A witness who is a high-school *
 dropout, unemployed, on welfare, and with *
 a criminal record is not likely to be considered *
 as reliable as a "hard working police officer" *
 by many juries. I'm not making value judge- *
 ments but you have to face the fact of the *
 way juries think.

Whenever you go out, ALWAYS CARRY SOME *
 MONEY AND SOME IDENTIFICATION!!! You don't *
 need much money but you should always have *
 at least a couple of dimes for phone calls *
 even if you are just going across the street. *
 Should you be arrested, you must be given a *
 chance to use a phone but you must pay for *
 the calls. If you don't have some identifi- *
 cation you can be locked up until you are *
 identified. Even if all your id's are in *
 your male name, it's important to have some *
 ID on you. A driver's license or CA ID card

is one of the best ID's but anything is better than nothing. A work badge with your picture is good. Union Bank offers their customers ID cards with pictures. That would be satisfactory. All sorts of possibilities but have something with you!

The following card is available from the ACLU. Write to them for one and carry it with you. If you ever are arrested you will be under a lot of emotional strain and you won't be able to remember all these facts so get a copy of the card and carry it with you. Then remember you have it and refer to it! Good Luck.

If You Are Arrested

If you are stopped by the police, or arrested, whether you are guilty or not, you have the same rights. You can protect these rights best if you use this information:

If you are stopped by the police:

1. You may remain silent; you do not have to answer any questions other than your name and address.
2. The police may frisk you for weapons by patting the outside of your clothing.
3. Whatever happens, you must not resist arrest even if you are innocent.

If you are arrested:

1. As soon as you have been booked, you have the right to complete at least two phone calls at your expense — one to a relative, employer or attorney, the other to a bail bondsman.

2. The police must give you a receipt for everything taken from you, including your wallet,

clothing, and packages you were carrying when arrested.

3. You must be allowed to hire and see an attorney immediately.

4. You do not have to give any statement to the police, nor do you have to sign any statement you might give them.

5. You must be allowed to post bail in most cases, but you must be able to pay the bail bondsman's fee. If you cannot pay the fee, you may ask the judge to release you from custody without bail, but he does not have to do so.

6. The police must bring you into court or release you within 48 hours after your arrest, excluding Sundays and holidays (if the period ends at a time when the court is not in session, they must bring you before a judge the first day court is in session).

7. If you do not have money to hire an attorney, immediately ask the police to get you an attorney without charge.

This card has been issued as a public service of the American Civil Liberties Union, 633 South Shatto Place, Los Angeles, California 90005. It is to help you protect your rights as a citizen. Carry it in your wallet, read it, and remember what it says.

The second blowup happened at the Thursday rap group on September 11. Carol was absent due to school but about a dozen people were there. The main topic of discussion was E's conflict with the police. Everybody had a horror story to tell, of course, and various people were finding relief by describing what they would do the the officers if anyone bothered THEM! Meanwhile there were two or three private conversations going on and with the way that room echos the result was a madhouse. J, depressed to start with, found herself

getting more and more depressed so decided to leave. Nothing constructive was being done so why stay there? When asked why she was going she said a few tactless things and left.

So much for the bad part. Now the Good. The Thursday Rap session is a support group. Dianne and Kitty (the good guys) went after J and managed to calm her down and convince her to return to the meeting. By the time they all returned the meeting had improved. Sheila had regained control and the cross-talk and private conversations had stopped. The main subject was switched into more useful channels and by the end of the evening even J was smiling again.

I think we can all learn at least 3 things from this story. 1) The support group only works because others care. We seem to be in good shape. We do care. We all have bad days like J but when we're willing to work with each other, to offer sympathy and support, then the group is in fine shape. 2) Telling horror stories about the police or any other subject is worse than a waste of time. Its depressing and removes the will to work for solutions in a constructive manner — instead it makes you want to hit back with violence. "I'm gonna stick 'em with my scissors" was one comment heard. Horror stories also waste time. Instead lets spend that time looking at what we reasonably can do to help. If there isn't anything (but there is) then go on to other subjects that can be handled. 3) We can't tolerate private conversations, cross-talk, and meetings out of control. This requires some discipline but I'm sure we can work it out. If you just have to talk to someone, take them upstairs for a while so you won't bother the rest of the group. Once the meeting is in session, other matters should wait.

The third blowup has to do with the article we ran last month on Nancy Ledins and her Alpha Gamma Project. Candice has some questions about the project and also made a few comments about our reporting of it.

Candice seemed to feel that our reporting of the Alpha Gamma Project left something to be desired. As I understood her verbal comments, she seemed upset at two points: 1) I didn't list my sources of information, and 2) I didn't do an in depth critical evaluation of the validity of the study.

I can easily remedy objection #1. I drew my information from two newspaper articles - one in the July 19, 1980 issue of the Los Angeles Times, and one in the August 6, 1980 issue of the Valley News. I also used information from the hand-out Nan had published to solicit volunteers for her project and from about 4 hours of conversation with her while she was performing electrolysis on me. I do not normally list my sources on articles unless they are of a technical nature and I am quoting heavily from them, I feel that our readers may wish to locate the original source, credit attribution is required, or unless I have some other good reason. I do save all source material for a period of time so if anyone has questions I can produce the original. (Anything reprinted in whole or significant part always gets credit. Excerpted brief quotations follow the above rules.)

The second objection is harder to answer since no specifics were mentioned. I made the assumption that the LA Times has a good reputation and probably did a reasonable amount of homework. The Valley News account agreed with the LA Times adding further credence. My talks with Nan agreed with both and I was able to form a very favorable opinion of her as a person.

What could I have done if I smelled a rat? Not much. This newsletter is, in fact if not in law, non-profit. I don't get paid for editing it. I don't have unlimited time nor resources to chase down facts especially if someone is trying to hide them from me. About all I could

have done would have been to print my concerns and urge "the buyer beware." I didn't (and still don't) feel that that was called for in this case. If Candice would like to take on an in depth research project, we are always willing to evaluate articles for publication. I have said on several occasions that I will print other sides to stories subject to good taste and space limitations. Therefore the following is:

CANDICE'S LETTER

As I read the last issue of Gender News I reflected sadly on how many times the TS community has been ripped-off, used and abused. Everyone has heard about the controversial "Doctor" Brown. Maybe you have had contact with a few bad doctors or shysters. There was Danny Linden who sold hormones of questionable origin and quality. But for all these experiences our community is still getting screwed. How you say? Well there is a film that is being casted right now called Vera... This is being called a pro-TS film by its producers. But is it? First they are conducting a nation wide search for the most "Beautiful Transsexual". This is known as lookism, a form of discrimination that we are trying to fight, one that affects all of us every day. Second, the film's story (to the best of my knowledge) takes place in and around a female impersonation nightclub, with Drag Queens as supporting actors. I don't need to detail the confusions that this will generate in John Q. Public's mind. And to top it off many people in the community are helping this venture. Transition Magazine announced the casting effort nation wide. Enough said about Vera.

Particularly distressing are the incidents when the prominent members of the community are deceived into supporting those who would exploit us. Last year for instance, the community was invited to attend a \$10 a head benefit party for "Changes", a film to be made about transsexuals. The project was supposed to be a

Over the years, as a result of that, I became familiar with people in the grantsmanship arena. I learned how to know what sells "in Peoria". The above information is public knowledge. I do not pretend to be a top-drawer researcher. In fact, I am not a research-oriented person if that means I lean toward studies for study's sake; or, gathering data for data's sake.

If the question of qualifications also involves the question of why I chose reincarnation as a topical reference point for transsexuals, the answer is that I have been long intrigued with the subject. As a past member of a number of parapsychological associations, I have had the privilege of being involved with various aspects of the field, including reincarnation. My won reincarnational regression was a watershed point in my life. I have held, for a long time, that if I had the chance, I wanted to see if the reincarnational imprinting factors did indeed have, for others, a significance (as it had for me). Again, it comes down to the old saying about "Why does one wish to climb Mt. Everest?" The answer, obviously, is because it is there. So, too is my wish to see if there are any better answers, deeper answers, and maybe even more optimistic answers for the beleaguered transsexual.

I am not out to "cure" anyone from anything. I am out to see if we can discover new perspectives, enlarge some frontiers, etc. Regression and reincarnation beliefs are simply ways of seeking such new frontiers. Actually, others who have been deeply involved in the field, have long held this belief. I am simply carrying out what is already in the literature. I am simply carrying out a study with a group of people with whom I have a very strong kinship. After all, as the saying goes, "I are one!" I know the scene too. I am not someone who just woke up one morning and dremt up a subject. I am drawing on the skills and insights of many others.

Reincarnation cannot be proved. But, like many other facets of life, there is

no proof. I have a belief that current genderal role traumas have a bearing back on previous lives. If so, can rearrangements be made? If so, fine. If not, good try and on the the next issue of the day. That is not cavalier but real. Good research is a crapshoot -- and the answer of "no" should be accepted just as well as an answer of "yes". In short, my "thing" is the paranormal, of which reincarnation is one part. I have long been intrigued by that. The day arrived. I just happened to be on the right street corner on the right day. One of those serendipities of life...

On to electrolysis. The innuendo seems to be that with \$450,000 I should be able to fly to the Riviera each weekend and not play with the piddling, hairy, peon role of an electrologist. Those who know me know that long before the grant and even unto now, I am absolutely intrigued with the field of electrolysis. It is a field of instant gratification for me. It is a skill I am distinctly proud of. My diploma from the Wilshire School and the State of California are my proudest credentials. I earned those as Nancy. Perhaps that is corny to say but my only defense. I am very proud to be a member of that profession. My instructor and the school and my classmates are very dear to me. I pop my buttons every time I get to practice. All of that leads to the point that I wrote the grant specifically as a parttime task. I wanted to keep my electrolylogy proactice and skills alive. Thus, I wrote the salary for the grant at a mere \$15,000 for part time (with a 7% increase each year in 02 and 03 years).

Something else may sound corny here, too. And that is that money and I are only friends when I can do something with it for my friends and have fun with it. Thus, between the grant stipend and my electrolylogy I am having fun. It is that simple. Most of the grant money goes into the subjects and the consultants. I am sorry to disappoint the author of the questions but I wrote the grant purposely to avoid the accusation of building an empire. Sorry to disappoint you, dear heart.

serious documentary about the day to day
lives of TSs at home and in the work place.
It turned out to be an idea for a student
film project by a "director" whose previous
works were lurid soft-core shorts entitled
"Tatoo" and "The Day the Vagina Closed".
Fortunately, the project fizzled, but the
attendees were taken for a ride. The
lesson: don't lend uncritical support and
credence to folks who want to use us.

All of the previous stuff is my way of
leading up to my say that I think I smell a
rat. I am refering to the ALPHA GAMMA
PROJECT and Nancy S. Ledins. First where
did she get a grant for \$450,000? That
kind of maney doesn't grow on trees. I
find it hard to believe that anyone would
give that much money for such an un-
scientific study. Second, who is Nancy
S. Ledins? What are her qualifications
to administrate a research project? If she
has so much money at her disposal why is
she still doing electrolysis? What I am
asking from the community is a little
criticallity. If the ALPHA GAMMA PROJECT
is real I apologize only for questioning
the sincerity of those involved. But I
wonder if it is a scam, what is Ms Ledins
going to get out of it? I would speculate
a book using the victims life stories. For
\$200 the sucker sells his/her story and
someone else gets a huge profit. Remember
Renee Richards got a \$20,000 advance from
Random House.

Even if this thing is on the level it
is an incredible waste. Half a million
dollars could fund a small clinic or half-
way house for several years. Don't you
find it sad that there is no money to help
us but plenty of money used to "study" us,
to gawk and leer at us?

CANDICE

NAN'S REPLY

Dear Jean,

Out of respect for your request that I
respond to the attached "letter" (or
whatever this little angry opus can be
called!), I shall attempt such. I have no
stomach-for-words-like-suckers, victims,-----*

scams, etc. I also have trouble with
righteous indignation which, as G.K.
Chesterton once said, is neither righteous
nor indignant. I also have an aversion,
as noted in a verbal sparring match with
the author of the above missive, for
high decibel frenetic frustration. My
responses which follow will, I suspect, be
considered valueless. So be it. On to
the response.

I shall pass over paragraphs one and
two since the author is only seeking to
establish the rip-off credentials and
factors of para three and four. Paragraph
three asks a number of questions: source,
qualifications, electrolysis, scam-results.
Para four asks about waste, gawking and
leering.

The private philanthropic foundation
needs no public airing if the head of the
foundation -- a rightened, closet trans-
vestite -- wiches anonymity. If that is
evasive, so be it. However, I see that as
an honest answer. Actually, anyone with a
modicum of ingenuity can probably find the
name of the funding source. For my part, I
have pledged to a very scared, socially
prominent philanthropist, to do my best to
keep the fondation off-limits. My pledge
holds. I have also noted to the person that
sooner or later his fears will be realized.
At the moment, however, I have and will
continue to honor his request. Any trans-
vestite or transsexual knows the agony of
being in the closet -- living with the
demons and fears of being "found out."
For those out of the closet, I would hope
that memories of such demons will make them
appreciate that such fears (groundless or
not) are real.

My qualifications for research rest on
a number of previous professional activities
and relationships. I was involved in a
research project on recidivism, some alcohol-
drug projects, psychological autopsy studies,
etc. I was also, as head of a state agency
in the midwest, both the recipient of,
author of, and administrator of millions of
dollars in both federal and private grants.

The next accusation seeks to find out *
 "what Ledins hopes to get out of it (namely*
 the grant study)?" The writer's speculat- *
 ions range from publishing a book, to *
 revealing the war stories of the clients, *
 to god-knows-what-else. Again, dead *
 wrong. I have no book in mind; no *
 articles in mind. I would suspect that *
 if the results have any meaning, I would *
 report to such associations as the *
 International Gender Dysphoria Association *
 Beyond that, I am much too naive to figure *
 out whether I will write for Ladies Home *
Journal, Neue Revue, Gender Newsm or the *
LA Times. You see, that does not interest *
 me. The study is not a publish-or-perish *
 effort. *

The issue of paying subjects is an *
 honored tradition in human research studies*
 I am simply following that tradition. It *
 is done to make sure subjects invested in *
 will carry through until the end. Period. *
 It is not a buy-off, nor done to bring *
 in the "suckers or victims". I must also *
 take a moment to correct another (of many) *
 false impressions embedded in the mind of *
 the author of the attack. Each application*
 received is coded. The original *
 application is then filed and locked. The *
 code is placed into a random retrieval *
 file. If/when the subject is involved in *
 the study a waiver-protection form is *
 signed. The waiver portion releases our *
 regressionists from liability and the *
 protection portion notes that no chemicals *
 can be used, no physical laying-on-of-hands*
 is to be done on the subject, AND no *
 information received either by video or *
 audio tape can be used to identify the *
 subject or to be used without the express *
 permission of the subject. In short, the *
 subject legally ties our hands (rightfully *
 so) on the use of any material which *
 could identify him/her in any publication *
 or media presentation whatsoever. That is *
 done to protect the subject. And that, by *
 way of added note, is the hallmark of *
 good research. *

The dig about Renee Richards can only *
 be answered by Renee but what that has to *

with the price of lima beans in China I
 cannot fathom! Enough craziness....

Since the subjects have been called
 suckers and victims, I suspect the bias of
 the author is showing rather clearly.
 Obviously, my answers are set aside in favor
 of "don't confuse me with the facts, my
 mind is made up." At any rate on to para
 four.

I have received about four letters
 decrying the waste of such a study and
 demanding that I give people money for
 surgery (the magical Big O) and for their
 upkeep. The innuendo -- if not a direct
 accusation -- is that research is wasteful
 with all the human carnage. It is almost
 as if we were faced with a M*A*S*H triage
 situation. Sorry, but we are not. (def. -
 triage - the action of sorting according to
 quality. - Ed) Research, whether with
 alcoholics, transsexuals, one-armed people,
 or abused kids or people with tattoos can
 always form the basis for valid research.
 That may not be a likeable answer but it is
 a fact. We may feel it deserves the Proxmire
 Golden Fleece Award. But, as long as there
 is private money involved and as long as men
 can ask questions, good research may be
 helpful -- in the long run -- to help many
 more people in the future to have more
 options, better choices, and hopefully more
 beneficial and less wrenching answers.

The author's petulance reminds me of the
 story in the late 19th century when Congress
 narrowly defeated a proposal to close the
 U.S. Patent Office. It was said, in arguments
 for closing, that man had invented all there
 was to invent. As we know, that was not
 true. Sometimes, in the agony of frustration
 and having been ripped off in the past, there
 is a tendency to feel that surgery is the
 only answer, the best answer and there is
 nothing else. I am always reminded of wooden
 teeth and peglegs. Hopefully we now know
 more about dentures and prostheses than we
 did some years ago. Advances are always
 possible -- new frontiers of understanding
 are always just a stretch away. Let us not
 be too quick -- in our pain and limited
 view of the world -- to see only triage as the

one, legitimate help. The point is that even anecdotal research (as my project can be aptly termed) can be just as helpful to a larger group of people than the immediacy of a halfway house or a free clinic or surgery on demand. My dreams go further than twenty or one hundred transsexuals. I feel we may be able to offer something to a larger group -- and even beyond the transsexual arena. Beyond that I have no demands on research.

Finally, two minor points. In the aforementioned verbal sparring match with the author at Jude's party, we got into what "I was going to do with the data." and "where are you finding all the transsexuals." The last first. There is a danger that our limited, slit-view of reality makes us think that we each know all the transsexuals that exist, especially if we have inhabited a particular area for a while. The truth is that there are thousands out there whom none of us know -- or, whom some of us know by reason of such a project. That they do not flock to the meetings and rap groups and galas does not belie their existence. Hundreds upon hundreds have no need for further rapping, for gathering in monthly get-togethers. They just get on with their lives. This is not to condemn groupings but simply to state that we could not be surprised that there are more of us than perhaps we ever dared think!

As to the data, I remarked to the author as I note now that I am not interested in data qua data. I am not a data collector. We are doing a questionnaire only because we want to see if we can corroborate others' information, perhaps add new insights and relational notes about the phenomena of transsexualism, and, in general, see what experiences 450 people have had (similarities, differences, etc.) In short, this is just one part of the study. The more important part, in my estimation, is the regression work. That is the core of the project. Data we are not after just to sit in the midst of print-outs for the rest of our life. If we can gain new insights, fine. If not, fine. I tend to fall asleep over data for data's sake. I am not a data-oriented person. For the computer-whizzes, sorry!- The - - -

author seemed to think that my answer on this was evasive. To me, it sounds quite clear. I am not collecting data to collect data. The subjects are there -- we may be able to see some profile sketching emerge. Period. The core of the project is the regression work -- for which, incidentally, there is no real data. The volume of impressions may help us to see new ways of working with transsexuals, assisting them in their saga and search.

Enough. I am weary of the chase. I hope this has some value to those who might be interested. If not, File 13.

Nan Ledins

EDITOR'S WRAPUP

I would like to address three points with respect to Candice's letter - its form, what she wants, and the value of research.

Candice has some right on her side. There have been rip-offs and we should be cautious. She is certainly entitled to ask questions and to form her own opinions as to the merits of the project. My personal opinion, however, is that she has come on too strong for this stage of the game. Her letter, instead of being a calm, open minded, request for facts and proof reads more like an attack on a proven enemy. Had Nan not been willing to reply I would have been most reluctant to publish such a letter. Fortunately Nan is, by nature and training, a very understanding person.

My second point has to do with the question, "What sort of answers would have satisfied Candice?" It seems likely that she would accept an answer of "You're right and I'm a crook" but she's hardly likely to get such nor do I believe that to be the case. About the only thing that seems to me to be likely to satisfy Candice would be for Nan to show her the grant papers. Having been in the closet in the past, I can well understand why the foundation may choose to remain anonymous but I can also see where that might not be accepted by Candice. Her other fear concerns what Nan might choose to do with the information in the future. What possible answer is there to that? Nan has said that she doesn't plan to use the data in a rip-off manner but since time-machines aren't invented yet, there is no - -

way that she can prove what she may or may not do. Personally, I believe her but everyone will have to make their own decision.

Candice's final complaint is that the money is to be spent on reasearch rather than spending it on a clinic or half-way house or something of the sort. While I don't want to disparage the value of such enterprises, reasearch is just as important as they are and deserves its fair share of funding. Were the money spent on a clinic, for example, in two or three years all benefits would be gone save that a few people, possibly hundreds, maybe (though I think it unlikely) thousands. Nan's research however may benefit all transsexuals everywhere. Nobody knows how many there are but the estimates I've seen range from 10,000 to 100,000 pre-ops alone. If you include post-ops and possibly TS's you have an incredible number of people who may be helped.

I've stressed "may" intentionally. If Nan knew what the results of her study were going to be, she wouldn't have to do it. The potential is there for it to do any number of things. It may help us learn how to identify "true TS's" from others. Perhaps it will even allow us to identify them early in childhood. If transsexualism is in fact caused in part by upbringing then the study may teach us how to prevent children from becoming transsexual in the first place. It may open new possibilities for therapy, help in accepting oneself, or even a new, non-surgical "cure". It may on the other hand not prove anything. When you go fishing you don't know what you'll catch but the fish are there - sometimes you're lucky. Even if the results are negative we can always look at it in the light of something Thomas Alva Edison once said. He had just finished 100 experiemnts in making an electric storage cell (a battery to the layman). All the experiments had failed. One of his friends tried to console him

for the lack of results. He wasn't downcast though. He said something to the effect of, "Hell man, I've got plenty of results. I know 100 things that don't work!" If nothing else Nan's project will identify some of the dead ends. There's been so little real research done in the field of transsexualism so far, though, that it seems far more likely that we will learn at least a little more about what makes us tick.

At this point I'd like to close the subject for further discussion. Processing of the subjects has already begun and we will report results as Nan releases them for publication by us although that may be some time. Meanwhile we have devoted considerable newsletter space to the topic and it seems best to move on to other matters. If anyone has facts (with proof to back them up) we may consider further articles. Until then everyone must weigh the various merits and form their own opinions.

Jean S. Lawrence

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Dois Butler

IN THE MAIL

Dear Jean:

This is in reply to your letter of August 20, 1980.

We are still doing the female-male transsexuals but on the experimental basis and in an attempt to improve the technique which we feel is still not satisfactory to the transsexuals in general. We still have some patients who come in requesting the hollow tube abdominal technique which we have done for a considerable number of years and, if they specifically insist we will go ahead and do the procedure for them with the possibility of more reconstructive surgery at a later date when better techniques are available.

As to the H-y antigen study: At the present time I do not know of anyone in the U.S. doing this test. We even tried to get our Colorado University to possibly perform studies as we felt it would be significant because of the large number of transsexuals but it would have to do with a federal grant and they could not afford to do this surgery (study) as this would be very expensive. We still feel and believe the H-Y antigen study should be approved but so far we have been unsuccessful in getting this done.

Sincerely, yours,

Stanley H. Biber, M.D.

Thank you Dr. Biber. - Jean

* * *

Also in the mail this month was a letter from Suzanne Sheffield, the president of CHIC (Crossdressers Heterosexual Intersocial Club). She was kind enough to fill us in on some of the facts about CHIC.

CHIC is primarily a social/educational organization that gets together every four to five weeks, usually at a hotel in LA. They have about 60 members now including

both associate members and professional members (non-TV's). They are predominately a TV organization with one TS full member and one TS professional member.

CHIC provides speakers for such groups as university and college classes, police department academy, American Red Cross, etc. They sponsor a spring seminar and invite 300-400 people to hear a panel of excellent public speakers. They also have a help hot line which is now listed in our Good Stuff column.

If you are interested in learning more about CHIC, their address is listed in the Good Stuff column too.

* * *

In a recent letter, Georgia informs me that the Golden Gate Guys/Girls is doing very well. They have just merged with The International Alliance and expect to merge with another group in the San Jose area which is primarily a TS support group. This will put their membership in the area of 550-600 making them one of the largest TV/TS groups in the country.

They now have members in 36 states and expect to drop the "Golden Gate" name in January as it seems too regional.

In our last issue I mentioned the GGG/G's directory of services. Georgia advises me that it is available free! They are now in the process of printing another 200 copies having "sold" out of the first printing. A new version will be printed in 1981 including, they hope, an index to counselors/therapists. They have a list of about 300 which they hope will agree to be listed. If you would like a copy of the directory, the address is listed on page 14. I'm sure they would appreciate it though, if you would help by sending a 6½ x 9½" SASE and if you know any places that you think should be listed, how about sending along their addresses? It will help us all.

* * * *

We've only had one person interested in corresponding with Kristina so far. I'm sure she's anxious to hear from you all. Drop her a note c/o the Gender News.



DILEMMAS FOR DIANNA

by Dianna Chan-Moriwaki

(reprinted from "The Gateway" published by The Golden Gate Girls/Guys - see page 14 for address.)

Q: What do you think of backless shoes?
Are they barefoot shoes?

A: Known as mules, slides, spring-o-lators, they are fine with at-home clothes, casual pants and jeans. They look tacky with skirts, dresses, suits and pantsuits. They look tasteless with evening clothes. When worn with daytime clothes and an anklet (ankle bracelet, ankle chain) they especially look common and vulgar -- in other words, "streetish." When in doubt wear real, honest-to-goodness SHOES.

Feet, and the person who owns the feet, always appear more refined when stockinged. Feet pass attractively bare only in open shoes, never in pumps (closed shoes). Bare legs and feet look well with skirts and dresses only if it is warm and the wardrobe is summery. Bare legs and feet with skirt lengths look tacky and "streetish" when winter-pale. Bare legs demand a tan. Bare feet demand a groomed pedicure. When

in doubt, wear sandalfoot stockings or shoes with closed vamps.

MEN, WOMEN, OTHERS???

The San Diego County Courthouse has a new washroom. The sign on the door is labeled "Unisex". Anyone can go in and the room can be locked from the inside.

While the idea is to benefit people such as women with small sons or fathers with daughters, it is also a safe place for TV's and TS's to use. Conventional Ladies and mens rooms are located down the hall from the new room. Propriety calls for knocking before entering.

Perhaps the trend is catching on. Last saturday I noticed a gas station by the freeway. Its restroom had two signs - the international pictures for men's room and for women's room - both on the same door.

Dear Abby had a letter from an Arlington VA attorney who said you can legally dress as you wish because of the constitutional right to privacy. You may have trouble, though, trying to use the opposite sex's restroom.

GOOD STUFF - Continued from page 14

MEETINGS:

- TS Rap Group - Thursdays 6:30 pm - 9pm Metropolitan Community Church, 1050 S. Hill St. Los Angeles, CA. 50c donation. Contact Carol Katz (213) 257-0500
- SALMACIS - Second Saturday each month. 7:30 pm - ?? Unstructured social get together for TV/TS. Donation \$2.00 except GG's and post-ops. covers cost of refreshments. 1409 Garden St. Glendale. Lynda & Ann (213) 241-9093
- SHANGRI-LA - First Saturday each month. Social outings for TV/TS. Call Nancy Watson for time and location. (714) 834-0928.
- SOCIETY FOR THE SECOND SELF - Heterosexual Transvestites. Third saturday each month starting about 7:30 pm. social/educational meetings. \$5.00 charge. For details call Pattie (213) 424-7206 or Carol Beecroft (209) 688-6386.
- OXNARD/VENTURA RAP GROUP - Just forming. social/educational meetings possibly some outings. Call Jean for details at (805) 486-8087 or write c/o Gender News P.O. Box 532 Port Hueneme, CA 93041.
- CHIC - Meets every 4 or 5 weeks at an LA hotel. For further information, call Sandy Thomas at (213) 501-6935.

GOOD STUFF



HOTLINES/INFORMATION:

Transsexual Hotline	(213) 257-0500	Carol Katz
Transvestite Hotline	(213) 269-1489	T.E.A.C.H.
" "	(213) 241-9093	Salmacis
TV/TS Hotline	(213) 385-8001	Shava D'Arthur (5-11 pm weekends only)
" "	(408) 734-3773	Golden Gate Guys/Girls
Transvestite Hotline	(213) 501-6935	C.H.I.C - Sandy Thomas
Suicide Prevention	(213) 381-5111	

INFORMATION CENTERS:

T.E.A.C.H. (TV Info)
P.O. Box 289
Hollywood, CA 90028

Society for the Second Self (TV Info)
P.O. Box 194
Tulare, CA 92374

RENAISSANCE: Gender Identity Service
P.O. Box 11341
Santa Ana, CA 92711

The Janus Information Facility
Paul A. Walker, Ph.D., Director
311 California St. Suite 700
San Francisco, CA 94104
(Please send \$5.00 donation when writine)

Golden Gate Guys/Girls (TV/TS)
P.O. Box 62283
Sunnyvale, CA 94088

Transition Midwest (TS info)
P.O. Box AA1034
Evanston IL 60204

DIGNITY/L.A. (gay catholic newsletter)
P.O. Box 27516
Los Angeles, CA 90027

Crossdresser's Heterosexual Intersocial Club
P.O. Box 995
Hollywood, CA 90028

Scyros - Nancy Watson (TV Info)
P.O. Box 18202
Irvine, CA 92713

CONFIDE (TV/TS Info)
Box 56
Tappan, NY 10983

Joanna Clark (legal info for TS's)
P.O. Box 2476
Mission Viejo, CA 92690
(714) 493-0397

Oxnard/Ventura T Rap Group
c/o Gender News
P.O. Box 532
Port Hueneme, CA 93041

The Outreach Institute (TV/TS info, books)
Kenmore Station
Box 368
Boston, Massachusetts 02215

"WE ARE" (Female-to-male TS info)
Box 21631
San Jose, CA 95151

Gay Community Services of Christ Chapel
117 E. 8th St. Suite 816
Long Beach, CA 90813
(Counseling for TS's) (213) 432-8047

(CONTINUED AT BOTTOM OF PAGE 13)

GENDER NEWS

OCTOBER 1980

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by

Sheila Kirk, MD

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HORMONES

1992 Edition

by

Sheila Kirk, MD

THE INTERNATIONAL FOUNDATION FOR GENDER EDUCATION

Educational Resources Publication

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WARNING

I want to give a very strict warning to those who would consider using hormonal medication prescribed for another person. This is not safe. Do not do it! Ever!

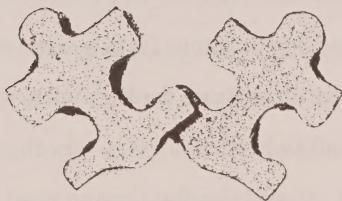
A similar and even more forceful caution is given to those who would purchase their hormones from a black-market source. Purchase of these medications from mail order houses that sell to anyone making inquiry is to be avoided. To purchase from sources in foreign countries and from vendors who claim they can "get it for you" is a decided mistake. They are, in essence, pill pushers, and very suspect in whatever they offer. The medication may not be pure. It may be contaminated. In essence, it could cause you great harm. Injectable medicines are of concern because of the worry about the purity of the drugs from such vendor sources. Needles that do not come from a pharmacy are to be avoided. All this, in addition to the lack of adequate medical supervision for the hormones to be used, puts you in a very dangerous place. I emphasize very earnestly the need to work through a physician, and in particular, one who evaluates you properly.

I urge you to take your perscriptions to a reputable pharmacy, and to abide by the instructions given to you for their use.

Individuals who do not follow these guidelines are very foolish. Granted, physicians who care, and who will be responsible and empathetic are not always easy to find, but they do exist.

If you are tempted to take short-cuts or abbreviated pathways, please remember that good health is paramount and you must preserve it. Anything that risks good health is foolhardy and irrational. Also, if impure medications do not have the potential for yielding the results desired, it's a waste of time and money to use them when there is a safer and more efficient way.

-- Sheila Kirk, MD



INTRODUCTION

As I review the literature available to us, the literature written by transgendered individuals for transgendered readers, I'm struck by the generous mixture of good information, and that which is really poor. It is a potpourri of fact and fiction, of conjecture and personal opinion mixed generously with second-hand information. It's like a piece of fruit that is somewhat imperfect or damaged. Just how much can be salvaged and consumed safely? Shouldn't it all be put aside for a much better product?

At the risk of assuming a cloak of vanity, I want you to know that what I tell you in the pages to follow is quite accurate and reliable, not because it comes from me, but because it comes from a large collection of recent medical literature dealing with what hormones do for and to human beings, whether they be male or female. If we take the time to read in detail the biochemistry and pharmacology of hormones and

what they do for the individuals who receive them, if we take the information from good reliable studies conducted by creditable researchers throughout the world, we can find some very worthwhile information and principles to guide us. I have taken that approach. What follows is the very latest in clinical study and evaluation of male and female individuals using hormonal therapy contrary to their genetic characters. I am very aware of the responsibility I have to inform you accurately and completely. I hope you will rely on what I have written for you.

Another point to be made is that negativity and pessimism seem to pervade many articles that review cases of individuals using hormones, particularly those articles written for transgendered readers. I admit that in the past I have been somewhat guilty of that attitude myself. I'm anxious to change that. There are precautions of which I will inform you, but overall, there are many positive factors. I will try to give you a correct balance.

In order to understand the hormonal therapy used by transgendered persons, there is a number of basic concepts which we should look at first. For instance, we should know a little about hormones as they occur naturally. Also, we should look at what hormonal therapy does and does not do. By looking into these basic concepts, your understanding of how hormonal use will affect an individual not genetically intended for their use can be much more clear.

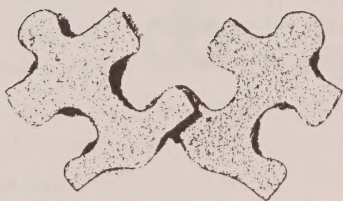
At no time should you conclude that reading this information can take the place of careful and coordinated medical evaluation and monitoring. If you plan to pursue a course of hormone therapy, you must do it under the care of a qualified practitioner. To do otherwise is to risk your health unnecessarily.

My intent is simply to give you some basic knowledge so you can work more cooperatively with your physician and better understand his or her approach to you.

I intend to give information pertaining to both Male-to-Female and Female-to-Male individuals. The medical literature available dealing with hormonal therapy in both genetic males and genetic females has been accumulating in recent years, but is somewhat more in volume for the male. However, I hope to give the latest and most accurate information for both.

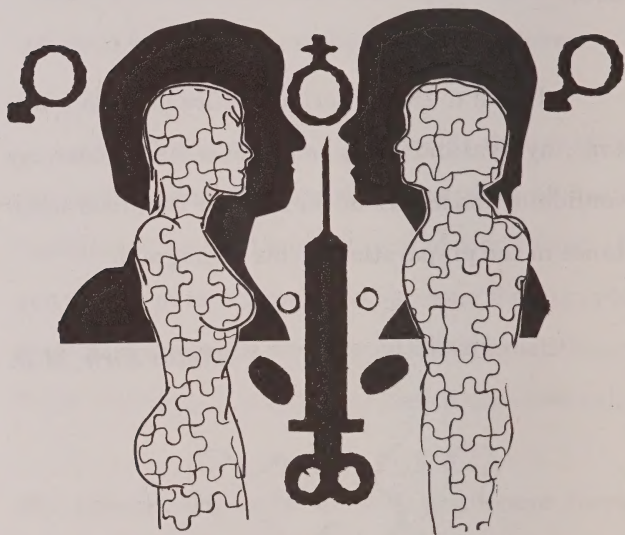
I wish to thank Lori, my office medical assistant, my loyal and loving employee of many years, my confidant, and my friend for her very generous assistance in the preparation of this monograph.

Sheila Kirk, M.D.



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CHAPTER I

A LITTLE ANATOMY

What is a hormone?

First we ought to define the word hormone, since it is a very special substance in the human body. Its involvement in human physiology is quite extensive, for it is a part of growth, reproduction, and daily maintenance. A hormone is a complex chemical structure made in a specialized gland and in very minute amounts. It is deposited directly into the bloodstream and is transported in a special manner to a target organ. There, it exerts a very special and specific influence upon that target organ's activity. In our discussion, *we are only interested in the hormones that are made in the ovary of the female and in the testicle of the male.* The many other hormones and their involvement with bodily function will not be within the scope of this paper.

Endocrinology:

The study of hormones, their chemical structure, their origin, what they do in the human body, and what the human body undergoes when appropriate hormones are not working as they should, is known as endocrinology.

To give a well-rounded discussion of hormonal therapy as it applies to us, we should give some attention to the basic anatomy and physiology involved. I'm not going to be overly scientific, but I want to give you some information to build upon.

There are certain glands in both the male and the female body that produce hormones. All these glands are in the same location in both sexes, and have an identical anatomic construction and function, with only two exceptions, the testes and the ovaries. Even these two have some similar functions under certain conditions. These two pairs of glands have to do with reproduction primarily, but in producing their hormones, they exert different physical characteristics and functions in the two sexes.

The endocrine glands work in response to variations in stimulation from the pituitary gland. The message system comes from the pituitary by way of hormones called gonadotropins. These hormones are delivered in the blood stream to the various endocrine glands by different kinds of transport substances called serum proteins. That message system, a very complex one, influences each cell in the gland to produce the hormone it is programmed to make. The endocrine gland cells put that hormone into the blood stream directly so as to answer the immediate needs of the target, or end organ. Target organs are skin, bone, sex organs, muscle, or a number of other tissues. The end organ uses the hormone in its complex reactions and mechanisms to accomplish various results. These results may be the initiation and life-long maintenance of certain activities that pertain to that individual's appearance and function as a male or as a female.

The glands in the endocrine system producing hormones are as follows:

- 1) The *pituitary gland* is located in the head, intimately close to the brain, and actually under the influence of a particular center of the brain known as the hypothalamus. The pituitary is known as the "master gland," for it exerts strict control and influence on all the other

endocrine glands and their function. The special cells in the pancreas producing insulin are not under direct pituitary influence, though there is an interrelationship.

2) The *parathyroid glands* are located in the neck. They have control over calcium and phosphorus metabolism in our body, and therefore have to do with skeletal growth and maintenance of our bones throughout our life.

3) The *thyroid gland* in the neck is responsible for the regulation of metabolism primarily, but its hormones have other vital functions as well, related to growth and to reproduction.

4) The two *adrenal glands* located on the top surface of each kidney have to do with glucose metabolism, as well as water and electrolyte balance. Their hormones are vital to proper regulation of heart function, skeletal-muscular activity, gastrointestinal and kidney function, and a host of other systems in our body.

5) There are *special cells in the pancreas* that have to do with insulin production, and therefore the very important biochemical reactions needed to supply energy to the millions of cells in all the tissues in our body. The pancreas itself is not an endocrine organ, and functions as part of the digestive system, but within it are these special cells that are truly endocrine in nature. They act to facilitate food conversion to energy, though they do not relate to food digestion per se.

6) The *ovaries* are located deep in the abdomen in the female in an area called the pelvis. They primarily have to do with reproduction. The principal hormones produced (and there are a number of intermediary hormones which have some degree of influence at various times) are estrogen and progesterone. These are the substances we will discuss a great deal, for *these are the hormones which are responsible for feminization*. Progesterone and estrogen have a great number of other tasks in the female as well, and we will also examine that information. The ovaries are filled with

millions of eggs of which only a small number mature for conception. Within very specialized cells making up the structure of each egg, estrogen and progesterone are produced.

7) The testes are endocrine organs that are located outside the male body in a sac called the scrotum. The principal hormone produced in these organs is testosterone. As in the ovary, there are a number of intermediary hormones that exert influence. *The masculinization of the individual is brought about by testosterone.* (At times, we will use the term "androgenic" to refer to the masculinizing influence of these products.) Within the testicles is also the cellular apparatus for the production of sperm.

8) The "afterbirth" or placenta is truly an endocrine organ. All through a pregnancy, it functions in a very complicated way to transport nutrition and oxygen to the growing fetus, but it is also a huge manufacturing plant for many hormones, estrogen and progesterone in particular.

CHAPTER II

THE SEX HORMONES IN THE TWO GENDERS

The genetic female

Let's begin with some examination of the two principal ovarian hormones, estrogen and progesterone, and how they influence and promote development in the genetic female, both in her younger years and in her later life.

The young female, up to the average age of 12 years, has about the same body shape (habitus), the same voice pitch, the same daily organ system function, as her young male counterpart. Her pituitary gland has been active, providing stimulus to other endocrine glands to continue development, growth, and normal body physiology, but there has been no influence on her reproductive organs.

Usually between the age of ten and thirteen, pituitary hormones called *gonadotropins* start stimulating the ovaries to begin their cyclic activity in producing the sex hormones, *estrogen (estradiol)*, and *progesterone*. Once this interaction begins, the pituitary and the ovary will maintain a relationship of changing influence upon each other in an ever-recurring cyclic manner for all of the reproductive years and beyond.

With the beginning of ovarian activity, only estrogen is produced. The responses it engenders are dramatic. This is the pubertal time for the female. During this phase, hair growth begins in the armpits and the pubic area. Fat stores are redistributed, and the skeletal system she was born with becomes very characteristically female. Her torso assumes an "hour-glass" shape, long bone growth is actually halted, and stature is fixed under the influence of estrogen. Her skin and scalp hair change, and most notably, her breasts begin to develop. She has begun puberty, her journey into womanhood.

After a year or so of this alteration, the pituitary gland exerts more of its influence upon the ovaries, and she ovulates. Progesterone is made in special ovarian cells, and from this time forward, she can reproduce. She then has orientation toward, and

an instinctual drive to conceive. She may have had some uterine bleeding to this point (anovulatory periods), but now she begins ovulatory function on a somewhat regular basis. She will continue to ovulate and menstruate until her mid-forties or early fifties, at which time she will have a loss of ovarian activity (menopause) and a gradual-to-complete loss of production of estrogen and progesterone.

All through the years of estrogen production, many other organ systems have benefited and have been maintained under the influence of estrogen. To give some insight into this important aspect of estrogenic function, consider the following: *estrogen is very much a part of the lipid, or fat, metabolism in the female, and influences the levels of cholesterol as well as the important fractions, LDL and HDL. These substances have a great deal to do with the development of atherosclerosis or atheromatous plaque formation in the arteries, particularly in the heart arteries. Estrogen retards the development of this vessel disease.*

A loss of estrogen, as in the case of menopause, allows vessel plaque disease to progress, and, as we will see later, with loss of estrogen support, a mature woman begins in earnest her aging process. It can be seen in the texture and appearance of her skin, in her walk and stature. Her bones undergo change and are

liable to easy fracture, and very importantly, the integrity of her cardiovascular system is notably changed. She is at the same risk for cardiovascular disease as her male counterpart when she is post-menopausal and without estrogen.

Don't believe that it is only due to estrogen that the female remains sound or healthy. There are hundreds of other influences that give her the appearance and good health she enjoys. Good nutrition, exercise, freedom from infection and stress, sound living habits, and many more things account for good health. But, the influence of estrogen in the reproductive years can't be stressed enough. Estrogen in the female serves her well. It is vital to her reproductive apparatus, but even more, it gives her a longer and better quality life while her body produces it or while she takes it.

We've mentioned briefly that in the genetic female, estrogen and progesterone do much more than enter into the maintenance of her femininity and the regulation of her reproduction. Let me give you some explanation of this. When a woman uses birth control pills, a great many reactions take place in her body. The primary intended effect is ovarian suppression to inhibit ovulation, thereby avoiding the development of a pregnancy. Oral contraceptives

are made of combinations of different synthetic estrogens and progesterones (different companies make various combinations), and while the estrogen contained therein is generally of overall benefit to the woman's body, *the progesterone which is necessary for contraception in the pill, acts as its antagonist to a small degree.*

Depending on the progesterone's androgenicity (its tendency to exert a masculinizing effect), *progesterone may do the opposite of what estrogen will do.* To give an example, as we have noted, estrogen benefits the individual's lipid, or fat, metabolism. It lowers blood cholesterol and LDL and increases the HDL fraction. *All of these are cardioprotective mechanisms. Progesterone tends to undo this. It increases the blood cholesterol, lowers the HDL, and increases the LDL fraction (not a good reaction).* Hence, it induces some measure of adverse change to the blood vessels, and ultimately, the heart.

Depending upon the degree of androgenicity of the synthetic progesterone contained in the birth control pills (and some have a much higher degree than others), a woman taking them who is obese, or perhaps does not exercise, or who smokes, who may have hypertension, or has cholesterol levels in her blood above the normal limits, could, in time, be at increased risk for heart and/or vessel disease. That is

why some years ago birth control pills were somewhat controversial, and thought to be dangerous. Presently, however, while the risks are known, it is believed that in the childbearing years, she can use this medication very safely. She can use it into the early forties with very few limitations.

The medical literature is accumulating which indicates from large and long-term studies that estrogen, when not being made any longer in the female, and instead is taken by prescription (estrogen replacement therapy), can be responsible for longer and better quality life in those using it in comparison with those who do not. If we consider the female in her peri-menopausal and post menopausal years, we find ever-increasing evidence which supports greatly the use of estrogen through the fifth, sixth, and even seventh decade *because of its great value in retarding osteoporosis (the increased loss of bone), but even more because of its cardiovascular-sparing effect.* It retards arteriosclerotic change in the very same manner that we spoke of before, by lowering blood cholesterol, lowering *LDL*, and increasing *HDL*.

For a distinct percentage of women it is very important that they combine their estrogen replacement therapy with progesterone (in small doses and for a short period of time). This is to avoid the development of uterine cancer. When given with

definite rules for its use, the estrogen protects those who use it quite remarkably, and the progesterone's adverse effects are minimal.

Estrogen contributes greatly to the genetic female's well-being by prolonging her life and improving its quality. The statistics in many recent medical articles support this.

The genetic male

Let's consider the young male who is pre-pubertal. His pituitary gland has been active and functioning in many ways as it has in a female, but he is growing, maturing at a somewhat slower pace. At a chosen time for him, the pituitary will produce the gonadotropins which will stimulate the testes to develop and function, and perform tasks that are somewhat similar to the female. Growth hormones from the pituitary, along with thyroid hormones and testosterone from the testicles, now produce a young man who becomes tall, husky, and athletic. His muscles increase in size and in strength. His chest expands, and his waist is in line with his hips. Hair growth is noticeable on his chest, arms, legs, and face. His voice deepens. His penis length-

ens, and with increasing frequency, becomes erect spontaneously. There is nocturnal discharge of milky material, soon to contain thousands of sperm. He becomes aggressive and dominant. His thoughts turn to the female. He is oriented to sexual encounters. His instincts tell him that this is very important to his enjoyment of life. He is male, with all the drives to accomplish, to excel, and to procreate. It is because of all this, that, possibly, he may come to an early death. This is a very sobering thought.

Let's consider further the hormone testosterone in the male as he grows older. *There is no cyclic production of testosterone as there is cyclic change in estrogen in the female.* The pituitary gland continues to stimulate the testes to produce testosterone as the needs are evident to the master gland. Hence, all through the male's life, testosterone levels are maintained in a specific way. These levels are at peak throughout most of a male's life, diminishing naturally only with advancing age or unnaturally with disease that may change pituitary or testicular function. In addition to its remarkably strong androgenic activity, in that *it promotes hair growth, sweat gland activity, dominant physical and emotional reactions, and the like, testosterone has a great deal of growth influence.* Together with growth hormones, it promotes the typical masculine body habitus and continues maintaining muscle strength and size.

Throughout life, one activity testosterone has in the male individual, quite in contrast to estrogen in the female, is *its effect on lipid metabolism, and specifically, cholesterol*. In contrast to the function of estrogen, *serum cholesterol is elevated. The LDL fraction increases, and the HDL levels fall, all of which lead to progressive arteriosclerotic change in the arteries. The coronary arteries in particular are affected, with cardiac disease resulting*. If the individual is obese, diabetic, hypertensive, smokes, and has a strong family history of arteriosclerotic vessel and heart disease, or a combination of any of these, that person will succumb to illness and then death from cardiac accident, providing no other traumatic, accidental or disease condition takes place beforehand. Testosterone has no sparing effect. In fact, it has a detrimental effect for the male individual in the long term.

It has been stated in the medical literature that just being a male is a contributing factor to coronary heart disease. That is the sobering thought that I referred to a while back in our reading. This is so characteristic of so many other forms of life in the world, the female generally survives the male and has the opportunity to better her prolonged life if she takes certain steps. Alas! For all that she suffers with menstrual dysfunction, childbearing, and gynecologic illness, the female really has the advantage.

CHAPTER III

A LITTLE BIOPHYSIOLOGY

Let's discuss a little of the biochemistry of the hormones *estrogen, progesterone, and testosterone* in the body. All three of these hormones *originate from the cholesterol that is in our diet*. There's that fearful word again, but cholesterol is very necessary in our biochemistry. It is when we can't use it properly, when we can't make it into other substances and dispose of it adequately, that we are in trouble. A "pile up" of it in the transport system of substances like LDL and triglycerides leads to arteriosclerosis, or plaque formation in our arteries. This affects efficient blood flow to vital organs, and, in particular, blood flow to our heart.

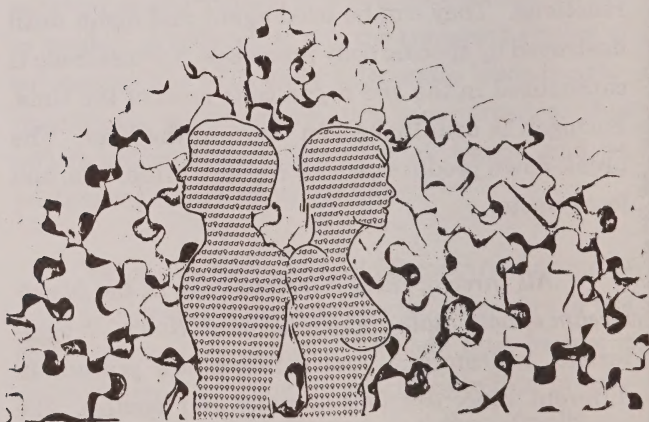
While *the body can build these three hormones from two carbon segments (acetate), it prefers to use the cholesterol we ingest*. The body then breaks it down by various enzymatic reactions to first progesterone, and then testosterone, and then, finally, es-

tradiol. This biochemical reaction takes place in both the male and the female. *Hence, all three, progesterone, testosterone, and estrogen (in the form of estradiol), are made in both the male and the female.*

This very complex set of reactions goes on daily in the ovaries and in the testes, and to a small extent, in the adrenal glands of both sexes. The production of these three hormones depends upon pituitary control, as we have noted before, and when released into the blood for reaction with other tissues, these hormones are transported to those organs. They then enter at the cellular level under very special circumstances and complex reactions. Once the hormones have been used in the target organ appropriately, they are again returned to the blood and transported to more tissues that are in need of them. Hormones are unchanged when promoting or facilitating tissue reactions. They can be used again and again until destroyed by specific body processes. Testosterone is catabolized in the end organ cells most of the time. Estrogen is usually broken down in the liver. The break-down products are excreted in urine, bile, and fecal waste.

All three of these hormones are in the bloodstream of both male and female at all times. Progesterone, testosterone, and estrogen are present in different concentrations in males and females. The

concentrations also vary from one time to another dependent upon physiologic need and timing. All three are in free form in very small amounts, but the greatest amounts are bound to serum proteins and released as the need is made known by the cells of the body. The transport to, and transport across cell membranes is intensely complex, and a tribute to the wonder, the mystery, and phenomenal organization of our bodies. Remarkable biochemical reactions take place. I wish we could go into this area - you would be spellbound by it all. However, I would like to emphasize that *destruction or breakdown of these hormones in the liver cells is efficient and without harm to the individual in the short and in the long term. It is the damaged liver (from infection and / or substance abuse) that has a real problem with hormone breakdown and disposal.*



CHAPTER IV

THE HORMONES YOU CAN BUY

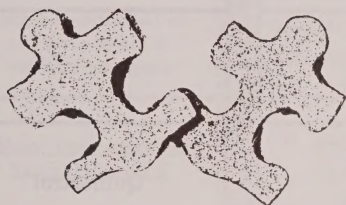
The science of chemistry is truly remarkable. Chemists have been able to analyze the hormones made in the body of the female and of the male, and reproduce them exactly in the laboratory. Through their remarkable ingenuity, they can modify those substances in small ways, rearranging a side chain, or adding or taking away an atom or two to eliminate or gain a specific effect. Hence, there is a large number of products available by prescription. *Some products are much more potent than others, for example, ethinyl estradiol is far more potent than conjugated estrogens.* Routes of administration may vary. Intramuscular injection routes of any hormone would seem to be much more efficient and effective than oral or topical substances. *In reality, intramuscular preparations are not the best approach. Injections require frequent use of hypodermic needles, which carry risk of infection, frequent office visits (unless self-administered), and in some preparations, inconstant therapeutic blood levels. Topical applications of hormone*

cream also carry variable absorption rates. While the estrogen patch and various creams seem like an advantageous approach because of direct transfer to the blood vessels and subsequent bypass of the liver the first time, it's inconvenient and not as reliable as oral medication.

I will list, however, all products currently available and in use, as well as some not yet available to us in the United States. The three major hormones, estrogen (estradiol), progesterone, and testosterone, for our consideration, are available from various pharmaceutical companies in many different forms. *By and large, products exerting estrogenic, progestational, or androgenic influences are chemicals known as steroids.* Some of these preparations made by companies are not steroids, and yet exert the desired result. As I list them, I will point out these exceptions.

I would like to comment about *birth control medication* briefly. It would seem logical that these medications would be a worthwhile therapeutic choice. In fact, they are not. *Currently marketed products contain very small amounts of estrogen and more progesterone* - a logical combination for the effect desired - that is, contraception, but not for a feminization plan. There is a large number of these products available, and to a small degree they will help to feminize, but I do not at all recommend this approach. It is not the ideal.

You will note that no dosages are given. Currently, there are many dosage regimens, with no uniformity in the medical literature. Physicians are using different amounts of hormones as well as different products according to their knowledge and observation of the patient. I don't want to influence the reader or seem to endorse any one regimen. Hence, this information is not included.



For the M-to-F individual

ESTROGENS Oral

This class of hormones may be either naturally-occurring or synthetic. The following is a list of estrogen preparations in current or recent use.

ESTROGENS Oral-

For the M-to-F individual

NAME	SIMILAR RELATIVES
Diethylstilbesterol (Lily)	Benzestrol, Dinestrol, Hexestrol, Vallestril, Meprane
Estinyl (Schering)	Mestranol, Feminone
Estrace (Mead-Johnson)	-----
Estratab (Reid-Rowell)	-----
Estrovis (Parke-Davis)	Quinestrol
Menrium (Roche)	-----
Ogen (Abbot)	Morestrin
P M B (Wyeth-Ayerst)	-----
Premarin (Conestron) (Wyeth-Ayerst)	Amnestrogen, Evex, SK Estrogens, Zeste

TYPE	DESCRIPTION
tablets - Enseals	non-steroidal, synthetic
tablets	steroidal, synthetic
<u>tablets-</u> <u>basic ingredient</u> <u>17 Beta Estradiol</u>	steroidal, synthetic
tablet-sodium salt of sulphate esters of various estrogens	steroidal, naturally occurring (Estrone)
<u>tablets - basic ingredient</u> <u>Ethinyl Estradiol</u>	steroidal, synthetic
tablets -sodium salt of sulphate esters of Estrone, Librium	steroidal, naturally occurring
tablets-basic ingredient Piperazine, Estrone Sulfate	steroidal, naturally occurring
<u>tablets - Equilin,</u> <u>Conjugated Estrogens,</u> <u>17 Alpha Estradiol</u>	steroidal,naturally occurring includes Meproamate
<u>tablets - Equilin,</u> <u>Conjugated Estrogens,</u> <u>17 Alpha Estradiol</u>	steroidal, naturally occurring

ESTROGENS Injectable-

NAME		SIMILAR RELATIVES
Estradiol		Aquadiol, Proqynon
Delestrogen (Estradiol) Esters		Benzoate, Cypionate, Enanthate, Valerate, Propionate Undecylate
Diethylstilbesterol (Lilly)		-----
Estradurin (Wyeth-Ayerst)		-----
Estrone (Wyeth-Ayerst)		Morestrin
Premarin (Wyeth-Ayerst)		-----

ESTROGENS Topical-

NAME		SIMILAR RELATIVES
Estrace (Mead-Johnson)		-----
Estraderm (Ciba)		-----
Ogen (Abbott)		Morestron
Premarin (Wyeth-Ayerst)		-----

PREPARATIONS

DESCRIPTION

aqueous suspension
Intramuscular(IM) or pellets,
subcutaneous implantation

steroidal,
synthetic

aqueous(water)
solution (IM), or in oil,
sustained release

steroidal,
synthetic

aqueous (IM)

non-steroidal,
synthetic

aqueous (IM)

steroidal, synthetic
basic ingredient-
PolyEstradiol

aqueous solution,
or in oil-
sustained release

steroidal,
synthetic

Intramuscular (IM), or
intravenous (IV)
injections

steroidal,
naturally occurring
conjugated estrogens

PREPARATIONS

DESCRIPTION

cream for skin,
rectal mucosal absorption

steroidal, synthetic
basic ingredient-
17 Beta Estradiol

transdermal skin
patch

steroidal, synthetic
basic ingredient-
17 Beta Estradiol

cream for skin,
rectal mucosal
absorption

steroidal,
naturally occurring

creams for skin,
rectal mucosal
absorption

steroidal, naturally occurring
Estrone, equilin,
17 Alpha Estradiol

You will note that the word Estradiol is underlined. You should know of the products containing this estrogen because it is twenty-five times more potent than Diethylstilbesterol. Premarin, which is prescribed so much, is somewhere in the middle in the activity scale between these two preparations. With time and continual use, it is highly effective for feminization.

One other preparation deserves mention:

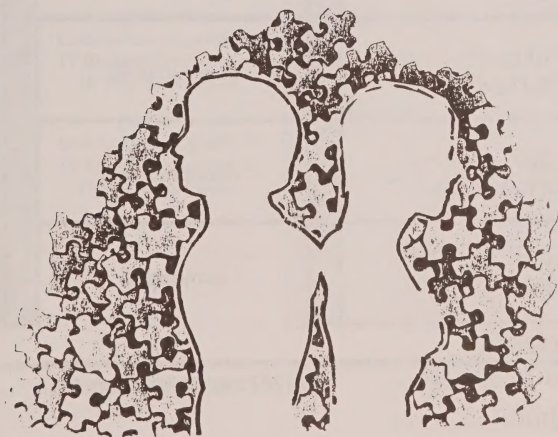
Enovid (*Searle*) - tablet - steroidal, synthetic, basic ingredients - Norethynodrel and Mestranol (*an estrogen progesterone combination*).

I do not recommend this medication for the same reason I do not believe oral contraceptives are proper to use. It is another Estrogen-Progesterone combination.

There are a number of medications that are available to the transgendered individuals that are curiosities of a kind. Among these are Tace, a nonsteroidal product and Tagamet, both capable of feminizing. The last medication can induce breast development in about 12% of the individuals taking it. Its main value, however, is as a medication for gastrointestinal ulcerative disease.

Progesterone

This hormone as it occurs naturally in the genetic female is very important and needed. *It is a counterbalance to estrogen in a sense, yet for all its value, doesn't have the long enduring worth of estrogen. The androgenicity accompanying it, whether naturally produced or taken as medication, can be a distinct drawback.* So, too, when used by genetic males, it also counters the important sparing effects of estrogen, even while it helps in feminizing. The hormone is not used as much in current regimens as it was in years past, yet I feel we should list the products available.



Oral-

For the M-to-F individual

NAME		SIMILAR RELATIVES
Cycrin (Wyeth-Ayerst)		medroxyprogesterone acetate
Amen (Carnrick Labs)		medroxyprogesterone acetate
Aygestin (Wyeth-Ayerst)		norethindrone acetate
Provera (Upjohn)		medroxyprogesterone acetate
Micronor (Ortho)		norethindrone
Norlutate (Parke-Davis)		acetyl norethindrone
Norlutin (Park-Davis)		norethindrone
Nor-9D (Syntex)		norethindrone
Ovrette (Wyeth-Ayerst)		norquestrel

Injectable-

Depo-Provera-
(Upjohn)

medroxyprogesterone

TYPE

DESCRIPTION

tablets- basic ingredient-
a derivative of
Progesterone

steroidal,
synthetic

tablets- basic ingredient-
a derivative of
Progesterone

steroidal,
synthetic

tablets- basic ingredient-
methyl derivative of
Progesterone

steroidal,
synthetic

tablet- basic ingredient-
a derivative of
Progesterone

steroidal,
synthetic

tablets- basic ingredient
17 Ethinyl derivative of
19 Nortestosterone

steroidal,
synthetic
(Progestogen)

tablet- basic ingredient-
acetyl acid ester of
Norethindrone

steroidal,
synthetic

tablets- basic ingredient
17 Ethinyl derivative of
19 Nortestosterone

steroidal,
synthetic

tablets- basic ingredient
17 Ethinyl derivative of
19 Nortestosterone

steroidal,
synthetic

tablets-

steroidal,
synthetic
(Progestogen)

aqueous solution (IM)

steroidal,
synthetic

ANTI-ANDROGENS

This is a special group of medications, made in the laboratory, that exert a desired anti-hormonal effect. They are not found in the human body. Their functions are many, but in specific, *they all have in common the ability to suppress the male hormone testosterone. So, when testosterone is suppressed, the estrogen regimen works much more efficiently.* More feminizing effects can be expected with the estrogen taken in the face of much less or no testosterone. Why some of the following exert an anti-androgenic function is known. The activity of others is not understood. Curiously, one product listed, for instance, is an antifungal medication.

As of this date, only some products are available in pharmacies in the United States. The more potent products are available in Europe and Canada, and have been studied and used extensively there. Soon, however, they will be marketed in the United States. Their value is quite notable. *To take an anti-androgen with estrogen has a number of therapeutic advantages:*

1) Less estrogen need be used, thereby reducing some of the side effects of higher dose regimens.

2) Chance for serious complication with estrogen regimens can be reduced with anti-androgen/estrogen combinations.

3) In the genetic male taking only estrogen, testicular function is reduced, and therefore, lower testosterone levels are noted in laboratory testing. However, testosterone production from the adrenal is not affected. Even in the individual having removal of the testes (castration), adrenal function continues, and some testosterone is produced. When a genetic male uses an anti-androgen, all areas of testosterone production from the testes and the adrenal, are affected. Testosterone levels are much more completely suppressed, and the estrogen regimen works much more efficiently. In other words, more feminizing effects can be expected using estrogen with virtual elimination of testosterone to oppose it!

Anti-Androgens Available-

For the M-to-F individual

NAME	SIMILAR RELATIVES
Androcur	-----
Anandron	-----
Aldactone (Searle)	spironolactone
D-tryptophan	-----
Nizoral (Janssen)	ketoconazole
Provera (Upjohn)	medroxyprogesterone acetate
Eulexin (Schering)	Flutamide
Lupron (TapPhar)	Leuprolide Acetate

TYPE

DESCRIPTION

tablets- a potent
progesterone relative

steroidal,
synthetic

tablet-thought to be more
potent than Androcur
(especially for suppression
of extremity hair growth)

non-steroidal,
synthetic

tablets- a diuretic, used for
edematus states,
hypertension, and certain
forms of adrenal disease

steroidal,
synthetic

Sub-Q injection, or
Intranasal

Luteinizing
hormone

a potent suppressor of
testosterone, basic
ingredient- an imidazone
peperazine

non-steroidal,
synthetic
anti-fungal agent

tablet- a weak androgen

steroidal,
synthetic

capsule- a moderately
potent anti-androgen

non-steroidal,
synthetic

IM aqueous and depot
an analog of naturally-
occurring gonadotropin-
releasing hormone

non-steroidal,
synthetic

ANDROGENS

For the F-to-M individual

NAME	SIMILAR RELATIVES
Android-Buccal (ICN Pharm.)	Metandren, Neo-Hombreol, oreton methyl
Holotestin (Upjohn)	oratestryl, ultandren
Metandren (Ciba)	Android, etc.
Testred (ICN Pharm.)	metandren, ect.
Teslac (Squibb)	testolactone
Winstrol (Winthrop)	Stanozolol
Neo-Hambreol	Oreton propionate

TYPE

DESCRIPTION

tablets- primarily androgenic basic ingredient- 17 methyl testosterone	steroidal, synthetic
tablets- primarily androgenic basic ingredient- fluoxymestrone	steroidal, synthetic
tablets- primarily androgenic basic ingredient- methyl testosterone	steroidal, synthetic
tablets- primarily androgenic basic ingredient- methyl testosterone	steroidal, synthetic
tablets- pseudo-androgen- basic ingredient- hydroxy lactone (similar to testosterone)	non-steroidal, synthetic (suppresses Estrogen)
tablets- androgen	steroidal, synthetic
tablets- androgen	steroidal, synthetic

ANDROGENS Cont'd

For the F-to-M individual

NAME	SIMILAR RELATIVES
Mesterolone	Androviron, Proviron
Methandriol	Stenediol
Dianabol	methandrostenolone
Nilevar	norethandrolone
Anavar	oxandrolone
Anabolex	Stanolone, Androlone, Neodrol
Maxibolin	Ethylestrenol

TYPE

DESCRIPTION

tablets- androgen	steroidal, synthetic
tablets- both androgenic and anabolic	steroidal, synthetic
tablets- both androgenic and anabolic- basic ingredient- derivative of testosterone	steroidal, synthetic
tablets, liquid- both androgenic and anabolic	steroidal, synthetic
tablets- both androgenic and anabolic- basic ingredient- derivative of testosterone	steroidal, synthetic
tablets- both androgenic and anabolic	steroidal, synthetic
tablets- both androgenic and anabolic- basic ingredient- derivative of testosterone	steroidal, synthetic

INJECTABLE-

For the F-to-M individual

NAME	SIMILAR RELATIVES
Teslac (Squibb)	testolactone
Neo-Hombreol	Oreton
Delatesteryl	testosterone E
Depo-testosterone	-----
Anabolex	Stanolone, Androlone, Neodrol
Nilevar	norethandrolone
Durabolin	Nandrolone phenpropionate
Deca Durabolin	Nandrolone Decanoate
Droblan	Dromostanolone propionate

TYPE

DESCRIPTION

aqueous suspension- IM a hydroxy lactone similar to testosterone-acts through suppression of estrogen

non-steroidal,
synthetic
pseudo- androgen

A) aqueous suspension, IM,
B) pellets
C) subcutaneous

steroidal,
synthetic
androgen

in oil - IM
basic ingredient -
testosterone enanthate

steroidal,
synthetic
androgen

in oil - IM
basic ingredient -
testosterone cypionate

steroidal,
synthetic
androgen

aqueous suspension, IM,
both androgenic
and anabolic

steroidal,
synthetic

in oil - IM both androgenic and
anabolic- a derivative of
testosterone

steroidal,
synthetic

in oil - IM both androgenic and
anabolic- a derivative of
testosterone

steroidal,
synthetic

in oil - IM both androgenic and
anabolic- a derivative of
testosterone

steroidal,
synthetic

in oil - IM both androgenic and
anabolic- a derivative of
testosterone

steroidal,
synthetic

CHAPTER V

ESTROGEN, PROGESTERONE, AND ANTI-ANDROGEN USE IN THE GENETIC MALE

Now it's time to deal with what you really want to know - what to expect from hormonal therapy. What will take place over a period of time? Will I be pleased with the results? What should I guard against? An important question to ask yourself is how far you want to go with therapy. Some individuals want maximum change in some areas when taking medication, but little to no change in other areas. Some want only to dabble in hormonal use, others are very "heavy steppers." If you are going to use medication correctly and for a prolonged time, expect significant alterations. If this is not your intent, do not expect a great deal. What you read now has to do with earnest, dedicated, and supervised use of hormones.

ESTROGEN

PHYSICAL CHANGES

Breasts-

Development in the breasts in the genetic female begins with estrogen production in puberty, and full development is dependent upon other hormones as well - prolactin from the pituitary, cortisol from the adrenal, progesterone, growth hormone, and, surprisingly, insulin. All are functional at an early age and they will continue to support and maintain her breasts. She will reach a hemi-circumference of 15.0-28.0 centimeters by maturity. The male has no such influence, and *beginning hormonal therapy much later in life, he must rely on three factors in specific: the dosage regimen of estrogen used, the duration of time it is used, and the amount of responsive breast tissue he may have.* If he has adequate estrogenic stimulus and the potential for good development and growth in breast tissue, he may realize about a 10-centimeter increase in breast size (hemi-circumferential measurement) in the first year. Thereafter, growth is slower, and in the next 18 to 24 months, he may find maximal hemi-circumferential development of 10 to 22 centimeters, several centimeters less than the genetic female. Many who have small chests are quite pleased with this development. Those who have a broader chest measurement may

not be, and they might then seek augmentation mammoplasty. *One should wait a minimum of two, perhaps three years before taking that step.* Nipple development never seems to be very much at all in most individuals. The nipple will become more sensitive, but it will not increase in size. The pigmented area around the nipple (areola) increases in size, it may darken, and it often takes on a shiny appearance. Breast sensitivity, even to discomfort, is common. Breast tenderness is variable. It may be worse at times, especially with excess caffeine in the diet. Breast development, however, is the one area that seems to be most positive for individuals on estrogen.

Skin-

Generally, the *skin will soften* considerably and this change will be notable on the face, particularly as the individual continues electrolysis. This is not just because the facial hair is removed, but because the skin is actually softer.

Hair-

Facial hair is narrower in caliber and not as firmly rooted, hence, easier to remove in electrolysis. Scalp hair does become a bit more luxurious, and the *balding process seems to be halted.* The typical male balding pattern is arrested, and fine vellous hair such as that noted on the genetic female's arms may be apparent in these areas. Really luxuriant, thick growth will not take place. For some individuals, achieving women's "crowning glory" may require them to supplement with hair pieces, but that matters not, since blending and mixing false with real hair produces good results. Chest and extremity hair will be softer, but will still require removal with periodic shaving, waxing, or using a depilatory. Electrolysis is the final answer to all unwanted hair.

Nails-

For many, there is *increased cracking, chipping, and breaking of the fingernails.* Tough, long nails may be very hard to achieve. I have a theory, though, that some individuals have problems of this sort on estrogenic therapy because of sub-clinical yeast or monilial infections in the nail bed, hence, using anti-monilial creams on the fingernails several

times a week can be helpful. I've observed response in several individuals, but this will need a bit more observation.

Fat Deposit and Storage-

The genetic female tends to store fat in her breasts, hips, and derriere. Her waist is already narrowed. Her hourglass figure is predetermined by genetic patterns in place from birth, and her hip-waist ratio is very characteristic. Male waist and hip ratio is nothing like hers, but on estrogen, may begin to approach it in time, not because the waist becomes smaller, but because the hips become wider with fat storage. (*The only way the waist will be diminished is with "true" rib removal in surgery.*) As the male derriere stores more fat, there is an approach to what the genetic female looks like in this area, and in time, the male will note that standard male trousers do not fit well in the seat. He will not feel comfortable in them.

Habitus & Muscle Mass-

Under the influence of estrogen the male body appearance will change rather slowly with time. There will never be a change in skeletal shape or bone mass, for this is fixed also by genetic patterns from birth. Muscle mass will not change greatly under estrogenic influence, except to soften somewhat. Real changes in habitus take place with fat deposition, hence a mild approach to the female torso. Some individuals do report a diminished muscle strength on estrogen. Whether this really represents differences in muscle metabolism and physiology under the influence of estrogen, or a change in lifestyle and muscle use, I do not think is known.

Voice-

Changes in pitch, timbre, and range will not take place with estrogenic use. The individual on estrogen can accomplish higher pitch in the female range only through vocal cord surgery and/or voice therapy.

Testes-

Testicular volume will be reduced over a period of time using estrogens. The size will change somewhat, becoming smaller, and biopsy studies show a decided change in the cellular anatomy (histology) of each gland. The cells responsible for testosterone are considerably diminished (Leydig cells). The cells responsible for sperm production are distinctly fewer under the microscope (Sertoli cells). Hence, *testosterone levels drop* as noted in blood tests, and *sperm counts drop* along with volume of ejaculate. In essence, *a notable, and in some cases, severe, infertility takes place* in the male taking this therapy over a period of time. How much time we are talking about is very hard to estimate. Often, individuals want to take maximal doses of estrogen, and are not willing to accept a change in their fertility potentials. They further believe that interruption of the hormonal regimen will bring all testicular function back to normal. There is no doubt that lesser dose regimens and short duration of use will allow the testes to function as intended. But, if the individual wants notable feminization, that individual should be prepared to sacrifice testicular cellular activity, and be ready to risk its failure to return to normal if the regimen is halted.

Penis-

The reports of penile length when non-erectile are confusing. Some medical authors state categorically that there is no shortening. Other medical writers disagree. This confusion in the medical literature hasn't been clarified to this date. *The importance of this extends to Sex reassignment surgery, since adequate penile skin is essential to the creation of a vagina of depth.* With insufficient penile skin, grafts may be needed and this could create problems with healing and functional difficulties after the procedure. Penile function as a urinary conduit is not at all affected. Ability to create and sustain erection is another matter, however. For some, this can be a real problem if this desire and need still exist. Generally speaking, most individuals report that erection can be accomplished with stimulation, even on large estrogen doses, but the spontaneous ease of it as noted in more youthful times and prior to estrogen use is certainly no longer the case. Suffice it to say that this reaction of estrogen upon tumescence can be a real problem for some. There are no guarantees or hints as to just what one might expect over a period of time on hormonal therapy. For most, libido,

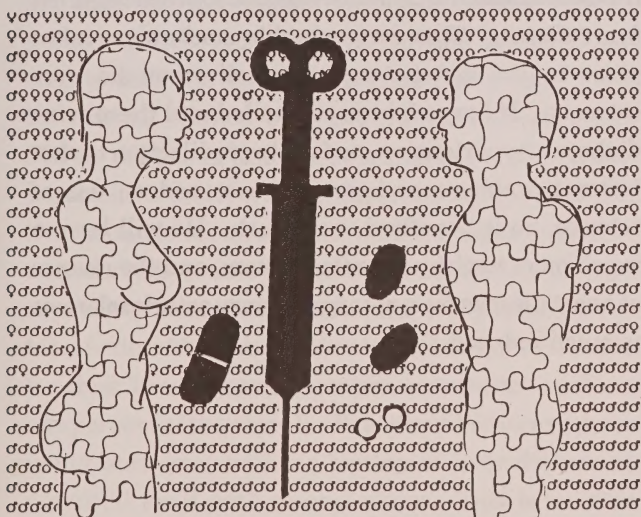
or sexual appetite will be diminished. *Interest in sexual activity will diminish considerably* and a more passive reaction to sex may very well be the case. An already lowered sexual appetite will drop more, at least from the standpoint of initiating or aggressively seeking sex. Orgasm is still very possible, even with diminished ejaculate and with inability to sustain erection as long as before. But, sexual gratification has to do with a number of factors, emotional and physical. Hormonal influence is difficult to predict, but could certainly be influential. There will be a change in sexual function and response on medication. Its precise nature and degree are impossible to predict. One should be ready to accept this for other benefits and results.

Eyes-

There are reports of individuals needing changes in glasses when taking estrogens, as well as reports of inability to wear the same contact lenses. There are changes for some in the shape of the globe of the eye which affect vision enough to require eye evaluations and new prescriptions.

Veins-

On estrogen, there can be changes in the veins in the legs, which, from a cosmetic standpoint, are not pleasant. *Small, surface veins may become prominent and unsightly.* In individuals with familial tendencies for varicose veins seem to be notable, this may be even more the case. *This does not forecast phlebitis*, an inflammatory condition of the veins. This latter event is serious, and will be discussed in Chapter VI. I only mention vein changes of this sort to prepare some for the need to wear support hosiery.



BIOCHEMICAL CHANGES

Lipid Metabolism-

Earlier in this paper we talked of the changes that estrogen brings to the genetic female's lipid metabolism. To review this briefly, estrogen is a distinct benefit to her. Estrogen decreases cholesterol and the LDL fraction in the bloodstream. It elevates the HDL portion, which is very beneficial, and *all of this goes to lessen arteriosclerosis and to protect against heart disease*. This very valuable mechanism takes place in the genetic male as well when he uses estrogen. If his weight is controlled and there is no diabetes, hypertension, no family predilection to cholesterol problems or heart disease, and no use of tobacco, he is benefited very much. He will have a much more healthy vascular system, and the chance of heart disease from coronary artery arteriosclerosis is much reduced.

Liver changes-

Larger studies are now being reported in the medical literature which *indicate strongly that estrogen use does not pose a major concern for developing liver disease*. In fact, in one study of 303 M-to-F TS individuals, 22 were found to have elevated liver enzymes (indicating adverse liver change and function). Twelve of that group had transient elevations, that is, the enzyme levels returned to normal in a short time with continued use of estrogen. Of the ten remaining, six individuals had a history of overuse of alcohol, and eight of the group had a history of hepatitis to account for persistent elevation. Of the 22, only two individuals had no known reason for persistent liver enzyme elevation, and the presumption is that the hormone regimen may have been influential. Hence, only two individuals out of the 303 in the group had unexplained liver enzyme abnormalities, and fourteen individuals had pre-existent liver damage to explain enzyme abnormality. Hence, only six individuals raised the question of liver concern with hormone use, not quite two percent of the total series. The two people who had no known reason for their liver enzyme elevation constitute less than one percent of the sample. This should reassure those using hormones with no history of liver disease or potential for it with alcohol abuse. This is an area

that needs further observation, however, since no liver biopsy studies were done on any of the twenty-two with enzyme change, and no report was given of follow-up of these people, or whether they were kept on the same estrogen regimen or not. In addition, liver tumor (hepatoma) has never been reported in the literature in males on estrogen. All this certainly does not indict estrogen to any extent in the development of liver disease. I grant you, more study and more observation time is needed, but this is encouraging information. *Estrogen is metabolized in the liver, to be sure, but a healthy liver handles it very well, indeed.*

Prostate-

Estrogen is part of the medical regimen in the treatment of prostatic cancer. Is it possible that it could be protective against the development of this malignancy? This is anyone's guess at this time. There is a distinct benefit to the benign condition known as prostatic hypertrophy. Increased gland size with the complaints it produces is reversed. *The prostate does shrink, and urinary function is improved.* There is one article in the medical literature that reports a single case of increased prostatic size, but this is most unusual.

Prolactin Levels-

As mentioned, the pituitary gland makes a number of *stimulating hormones which cause other endocrine glands to produce their hormonal products. One such hormone is prolactin, which functions in genetic females to promote milk production* (only one of its activities). In genetic males, the hormone does not have that responsibility, but it is still made by the pituitary, and in one large study of male TS individuals using estrogen, every individual without exception had elevations of their serum prolactin. In slightly more than 20%, the elevation was considerably higher than expected. With reduction of estrogen dose, better than half of that 20% had return of prolactin to acceptable levels. The greater number of the individuals continuing to have elevated prolactin levels in spite of reduction of estrogen, had further study with computer tomography (CT) scans of the pituitary. Five of the fifteen subjected to CT scan had pituitary enlargement. What does this mean? It means that these five had either increase in pituitary gland size called hyperplasia, or that they had developed pituitary adenomas, a type of growth or tumor. Again, what does this mean? We'll discuss this later in Chapter VI.

PROGESTERONE

PHYSICAL CHANGES

By and large, progesterone is a bit more benign in its reactivity in the male. First of all, it is given in smaller doses and over a shorter time span in the calendar month. Secondly, it does not have the influence in stimulating or maintaining bodily tissues as does estrogen. *The real positive in its use is in the breasts.*

In sub-primates, progesterone does affect breast gland tissue development, and in older medical literature, it was thought that progesterone had a very important role in the human breast for its development in puberty and maintenance through the reproductive years. Recent literature does not fully confirm this, but it is reasonable to believe that progesterone given in a cyclic manner, as it is in some regimens, is responsible along with estrogen in promoting breast development. It was this view that prompted the Benjamin regimen of hormonal use as it is given by some physicians, even now.

But progesterone has no appreciable influence on the skin, hair, nails, or on fat deposition, and no

effect upon voice or upon the male genitalia. It does act, as does estrogen in some ways, to induce discomfort. *It can be responsible for fluid retention and edema, for personality and mood shifts, for phlebitis, and for changes, as noted, in the eye globe diameter. As does estrogen, it can cause skin rashes, nausea and vomiting, headache and libido changes, and even acne.*

BIOCHEMICAL CHANGES

Progesterone can also influence certain biochemical changes. Its influence is not noted in the pituitary with prolactin elevations, or in the liver with various enzyme changes. The principal changes in our body chemistry due to progestational use have to do with lipid metabolism. *Progesterone does everything in a manner opposite to estrogen. In contrast to estrogen, it raises cholesterol and LDL, and it lowers HDL. This promotes adverse blood vessel change, and therefore, tendency to develop heart disease.* Progesterone, in general, and some progestational products in specific, are androgenic, and as we have noted, androgenicity leads to adverse change and to poor lipid profiles. There might be canceling out of good effects and bad effects when estrogen and progester-

one are used together. If progesterone has a greater influence in a certain individual, prolonged use puts that individual at a disadvantage. That could be an argument against its use with estrogen. I would tend to believe that progesterone products have value in regimens for genetic males, but in a selective manner.

ANTI-ANDROGENS

A few thoughts

The most effective anti-androgens are not currently obtainable in the United States. *The products Androcur and Anandron are in use both in Europe and in Canada with great success.* We've mentioned that *they are marvelous supplements to the estrogen preparations in the M-to-F individual.* They can lessen the amount of estrogen needed for maintenance and even have a place as a substitution for estrogen when the latter cannot be used. Other similar medications, Fentamide, Nizoral, and D-tryptophan, for example, have found more use in various regimens, but their efficiency may not be the same as Androcur and Anandron. Results that are reported are not consistent. When these two androgen antagonists are available in this country, there will be quite

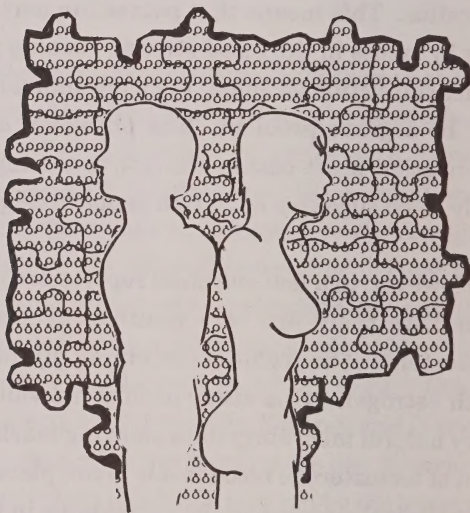
a change in the treatment plans in use here based on the success found in other parts of the world.

Spironolactone (*Aldosterone*) is in use in this country in the regimens of many physicians treating the transgendered. Its original place in medical treatment is as a diuretic and anti-hypertensive medication. It works very effectively to eliminate fluid retention in the body which can be a benefit along with its anti-androgen influence. One concern that may be more academic than actual is that it is a "potassium saving" medication in contrast to other diuretics. This means that potassium may accumulate in excess in the blood stream, causing problems in heart function for some. For a few individuals, this can be a grave problem. The physician using this medication must obtain electrolyte testing periodically to be sure this condition is not taking place.

However, in a few scattered reports in the medical literature there are very positive, in fact glowing statements of the value of combining this medication with estrogen. One study of fifty individuals gives very helpful laboratory data showing marked reduction of testosterone blood levels to complement excellent clinical changes in the individuals in the study. This is most encouraging, and on the pathway toward what we can expect when even more potent anti-androgens are permitted in the United States by the

FDA. I do believe more studies with Spironolactone are needed, and hopefully will be reported soon.

There is a very definite place for the anti-androgen medications in the M-to-F treatment regimens. I look for this to be an important area of therapy in this country in the very near future. At this time there are no reports in the medical literature regarding antiestrogen medications for the F-to-M individual.



CHAPTER VI

FURTHER CONSIDERATIONS IN ESTROGEN AND PROGESTERONE USE

ESTROGEN

Some very worthwhile studies are now available in the medical literature wherein fairly large groups of genetic males have been observed for a moderate time, and all have been on fairly similar regimens. Without doubt, the data are inconclusive - larger numbers of subjects are needed, the studies must extend for longer periods of time, and the many variables must be controlled. The work of one group of researchers must be repeated, and confirmed or denied by other groups. But, these recent reports tend to dispel or confirm some of the impressions, and even myths appearing in the lay and medical literature about sex hormonal treatment in genetic males. Earlier reports were of ten or fifteen individuals, or may have been isolated case reports. Now we can read of studies of hundreds of individuals observed

under controlled conditions. There is still no uniformity of thought in terms of dosage or product regimens in the medical literature. This makes for difficulty in drawing worthwhile conclusions at times, and less experienced physicians have inadequate guidelines for patient management. In time, with continued reporting of observations and research, more precise regimens will be forthcoming.

Let me introduce a few thoughts, and then pull together the considerations necessary to create guidelines for use of estrogens and progesterones. We have not mentioned, as yet, certain medical problems that may develop in the use of these hormones.

Hypertension-

An individual with hypertension could be allowed use of these hormones, but close supervision is an absolute necessity. Already-existing hypertension can be aggravated, and newly elevated blood pressure levels could develop in someone taking these products. In no reports have I found hypertension to be an absolute contraindication to use. In any event, pre-existing hypertension and newly-developed blood pressure elevations can be treated appropriately, and *the individual can be hormone-maintained.* The

literature seems to support this, but without doubt, each person must be approached with their needs uniquely in mind.

Heart Attack

(Ischemia - Cardiac muscle damage)-

I have found only four cases of reported myocardial infarction (heart attack) in all of the literature, two in the foreign literature, two in the American literature. In men on estrogen, in all instances the individuals had a strong history of coronary disease, and/or of heavy smoking. It would seem that heart attack is *a very minor consideration*, and while necessary to evaluate the individual presenting for hormonal therapy with familial tendency and for possible predilection for heart damage, this is a very uncommon complication to hormonal use. There are reports of older men on estrogen, known to have heart disease, who have a worsening of their heart condition. Sixty and seventy-year-old males who already have heart and vessel disease existent certainly must be evaluated much more cautiously when embarking on hormonal use, but younger men without family history or active disease seem to be very safe candidates.

I have been told of other reports of individuals who have suffered heart attack while using estrogen. Without accurate medical information, conclusions about these individuals and their incidents are not reliable. For my part, it must be in the medical literature before great concern is raised, and the literature reports very little in this regard.

Breast Cancer-

There are exactly two cases in the world literature of biological males on hormonal therapy developing breast cancer. *A very concerning disease, but not at all a concerning complication.* Breast cancer in the biologic male is very uncommon. To believe that it is more probable with estrogen use is reasonable but, as yet, the medical literature is not supportive of that thought. While mammography is offered to those on estrogen, and may be important to do, it remains to be seen just how much concern there is in this.

Liver Tumor - Hepatoma-

I cannot find a single report of liver tumor in any male receiving hormonal therapy. That should help greatly to alleviate worry about this problem in the genetic male.

Thyroid Disease-

While some measure of increase in thyroid gland size and some alteration of thyroid gland function has been noted, this is not at all a serious bodily change, and **not a reason to stop estrogen use.** Recognition of the possibility of change in thyroid function must always be in the mind of the managing physician

Phlebitis-

This could be a moderately serious complication in hormonal use in the genetic male. Inflammation of the lower extremity and pelvic veins, known as phlebitis, has been reported with significant statistics, and its complication, pulmonary embolism (blood clot to lungs), is also in the literature. The latter condition is life-threatening, and report of fatalities, while few, are of real concern. Without any reservation, *this medical condition will mandate an abrupt and permanent interruption of hormonal therapy with no argument! An individual could be maintained on an anti-androgen regimen only with this development.*

Other conditions, with the exception of serious hypertension, heart disease, or liver disease, will not usually be reason to stop hormonal treatment. Each person will always need separate and individual considerations. However, *there are no ifs, ands, or buts with phlebitis. There is a strong association between age, length of time of hormonal use, and vein disease of this kind. Older individuals, mostly above forty, have increased tendency. Individuals who have been on hormone therapy for under one year are also at higher risk. Hence, over a year's use of hormones, even in a person 40 years of age or more, would tend to place them in a much safer place.*

In addition, surgery of any kind and perhaps traumatic occurrences, would require stopping estrogen for a variable period of time. *Again, individuals not able to use estrogen for whatever reason, phlebitis in particular, could be maintained on anti-androgen therapy alone.*

Prolactin elevation - Pituitary tumor-

We mentioned prolactin levels being elevated in all individuals using estrogenic medication. Most will demonstrate elevations that are not a concern, but need to be monitored by blood test over a long period of time. In a few, that elevation is of concern (*over 1000 mv / L*), and in most of these few, lowering the dose of estrogen or interrupting the use of it, lowers the prolactin in the blood. If levels persist with changes in estrogen use, the individual must be evaluated for the possibility of pituitary cellular changes that could be problematic, namely pituitary hyperplasia or pituitary tumor, known as adenoma (prolactinoma). If these are suspect or proven, estrogen will be stopped. The individual might then be a candidate for an anti-androgen only as a maintenance, but the use of estrogen is likely at an end and the individual will need treatment for the pituitary change. That treatment can be either medical or surgical and specific to the person in question. It is also because of elevated prolactin levels in the blood that sometimes one experiences breast nipple discharge. Please note that this condition does not imply serious pituitary change, and does not necessarily mean an end to estrogen use. This does of necessity require some investigation, however, and cannot be ignored.

Emotional changes on estrogen-

It's proper to mention in this discussion the effect of estrogens on the personality, upon mood, and emotional reactivity. In the medical literature, particularly the psychiatric reports, *there is a great deal made of depression and adverse personality concerns* in men using estrogen. I find it hard, however, to know how to proportion what is intrinsic and natural to the individual in personality fluctuations, and what is brought to him by hormonal use. I do not discount the effect of estrogen upon the individual psyche to produce non-coping mechanisms and depression. I just don't know what is, and what is not, a part of the person before the medical regimen is begun. How much has to do with financial reversals, inability to function with uncomfortable work conditions, lost family and friends, or frustration with lack of progress to one's goal, is not an easy thing to measure.

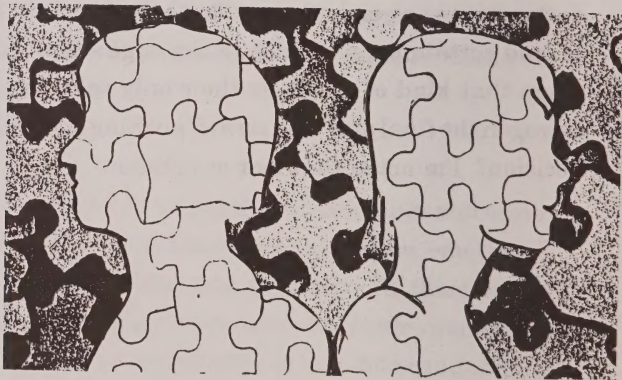
People do tell of psychological swings and mood changes, of sudden tears, and increased emotional sensitivity to events and to others in their lives. These things happen to people who, before hormonal use, did not respond this way. Is this cause and effect? Possibly! I won't discount it or deny it. As far as

hormones deepening depression leading to suicide is concerned, however, I have some reservations.

There is a passivity, an increased sense of patience with things, and an allowance of other people's behavior that becomes apparent in individuals taking estrogen and progesterone. These are positive reactions in every sense of the word. But, while there are some concerns in the medical literature, I have to wonder just how much serious emotional disease or change really comes with hormonal use of this kind. I challenge the notion that there is a direct relationship between hormonal use and suicide. In my opinion, the fertile ground for depression and emotional imbalances leading to suicide can be nurtured somewhat by the hormonal regimen an individual is on, but the real substrate for such imbalance and self-destruction is already there. There is enough in life to lead certain personalities to the edge - to a point when that kind of escape is their only solution. Is estrogen the final and "last straw" pushing one to this decision? I'm not of that fear or opinion.

Minor reactions to estrogen-

I have briefly mentioned nuisance side effects of estrogen. Nausea and vomiting are generally transient, and can be related to timing of use, the specific preparation, or the route of administration. Skin rashes might be a problem; breast pain and soreness, headache, fluid retention, and edema are discouraging, but all of these can be overcome with re-appraisal of the medications, route of administration, or the addition of other medical agents. Weight gain can be a real nuisance. Inability to control the weight increase and inability to lose it effectively can be very hard indeed! I look at these annoyances much like a pair of tight shoes, however, usually a very solvable problem.



Progesterone

We have listed a number of products under the class progesterone which are actually close relatives of progesterone. They are known as progestins. Some demonstrate more estrogenic effect than progestational effect, and some more progestational (and therefore androgenic) effect than estrogenic. This has to do with the chemical structure - the way the particular pharmaceutical company makes the hormone. Herein lies some of the value of putting some progesterones together with estrogen - a more combined estrogenic effect is accomplished. Other progesterone derivatives will offset the benefits of estrogen, particularly in the individual's lipid metabolism, and this is not really to the benefit of the user.

Progesterone derivatives also carry with them many of the same concerning complications or side effects associated with estrogen usage. While *I have not seen any reports of heart attack and liver disease in the medical literature in individuals using progesterone, there is a real possibility of phlebitis, aggravated hypertension, and emotional change* associated with their use. And the nuisance side effects of weight gain, fluid retention, breast pain, nausea, vomiting, skin rashes, and the like, as may be noted with estrogen, are real possibilities with progestins.

CHAPTER VII

ANDROGEN HORMONAL THERAPY IN THE GENETIC FEMALE

Testosterone and similar medications are very powerful substances. Their impact on the biologic female is striking and dramatic. Testosterone acts with much alteration of physical characteristics over a short period of time, and there is really no comparison with the slow and somewhat limited responses of the genetic male to estrogen. For example, estrogen does nothing whatever for the male voice. In contrast, *when taking testosterone, the voice pitch of the female drops into the male range so completely, so fully, that it is striking. Menses stop, the clitoris enlarges, hair growth in the male pattern becomes evident.* Testosterone is as aggressive as is the mode of behavior of a young, virile male. To be sure, many believe testosterone is the cause for his behavior, his testosterone production.

Injectible medications seem to be much more effective in the F-to-M individual than are oral preparations.

Some beneficial changes to be realized

The menstrual cycle-

The biological female taking testosterone by mouth or by injection will very soon appreciate a *cessation of menses*. Fifty per cent of those on adequate, sustained hormonal therapy will stop menstrual function by three months, and depending on the type of hormone, 90% stop menses in under six months. Thus, the menstrual cycle, the most poignant reminder of the female physiology, will stop very early in therapy.

The voice-

One of the most striking results of androgenic therapy in the genetic female is voice change. An individual with a *soprano voice* can have such a change in the vocal cords as to be a *baritone after about one year of therapy*. This is a dramatic and amazing alteration.

Skin-

The softness and the smooth character of the skin is generally not changed to any degree, but there are changes in the structures within this organ. Skin glands produce more sebaceous material, and there is enough of an increase of facial acne to make it a notable complaint in a number of reports.

Hair-

The change in hair caliber and distribution is quite notable. A moustache or beard of some note, even to growing it full-face and flowing is a very real possibility, but may take up to about three years after the start of treatment. Torso, back and chest, as well as extremity hair, will develop. Generally, hair growth, a distinct masculinizing effect, will be very pronounced.

Breasts-

There will be very mild change in the breasts. The form and fullness may be lost from fat redistribution, but notable diminution will not take place. Surgery is needed, and the nipple can be retained and made smaller.

Habitus - Muscle Mass-

The *female torso will not change*. The slim waist, if present, and the hips, will stay. There will be change in fat storage and deposition more to the male pattern, but the recognizable shape and skeletal structure is maintained. *Muscle development and actual increase in muscle mass is very real*, and, with exercise, can be quite pronounced. Weight increase takes place because of such positive changes in the muscles, and because of increased fat accumulation. For some, weight increase can be a real problem. Those overweight to begin with will add to their weight often by 10%. Caloric restriction in diet is very important. Weight control is vital to good health. Because being overweight leads to so many serious medical concerns, for instance, hypertension, heart disease, and increased insulin demands in the diabetic, very close attention must be paid to this possibility. Fluid retention and edema is an additional problem for some, and certainly adds to weight increase. But, one must warch against too many calories leading to far too many pounds.

Clitoris-

The growth of this very small but sensitive tissue is maximum in approximately one year. The final changes are unique to the individual. The reports in the medical literature record length of three to six centimeters (1 1/2 to 3 inches), approximately. It can function somewhat in sexual arousal and orgasm, but only phalloplasty will provide what the individual may desire for a more complete sexual experience.

Emotional change-

*On testosterone, certain distinct changes in personality do take place and are attributable to hormonal use. Once again, how much is actually due to other factors, such as release of guarded emotion, relief at being in a regimen of treatment, or just individual attitude, is hard to know. There is an increase in self-confidence and in determinism that many assume. Increased or newly-evident *aggressiveness in the work place, in social settings, and with family or lovers is very much the case.* There would seem to be a better adaptation to life in general, though at times, *some demonstrate a measure of conflict in working and living with others.**

Overall, F-to-M individuals have a notably higher level of self-esteem once in therapy than do M-to-F individuals. Many reasons can be found to help explain this, but discussion is not within the scope of this paper. Without doubt, testosterone use is a part of this change, though how much is inherent in the personality and changed lifestyle of the individual, and how much is not, is very hard to measure.

Some less than beneficial changes that could take place-

Hypertension-

As in the male to female individual, *hypertension can, if already present or newly diagnosed, be heightened on hormonal therapy.* In just three of 122 F-to-M clients in a particular study, hypertension was pre-existent, and was kept easily in control while on testosterone, with appropriate anti-hypertensive medication.

Phebitis-

This problem in the veins is *a real possibility* in androgenic therapy, *but reports are few and far between*. Yet, it must be guarded against, though it probably does not constitute a major consideration. Generally, however, individuals with varicose veins should be somewhat more watchful of this tendency, and it may be necessary to wear support hosiery. If varicosities are noticeable, a surgical approach may be beneficial in order to limit the chances of phlebitis occurring.

Liver change-

Liver enzyme elevation in laboratory testing must be looked at very carefully. In one study of well over 100 F-to-M individuals, there were seven cases of liver enzyme changes. One was known to have such change before therapy, three developed changes during therapy because of well-documented alcoholism, one F-to-M individual had infection known to be responsible for the liver change. Only two had enzyme elevations for unexplained reasons, but presumably hormonally induced. In one of these, the elevation was transient while still on hormone therapy. Hence, an incidence of less than 1% in the entire

study seems to be due solely to hormone use without underlying cause.

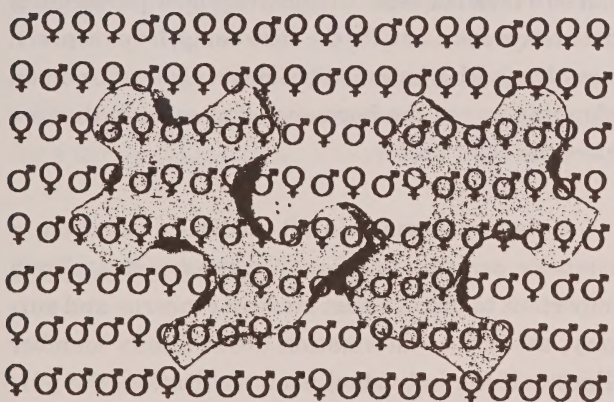
Lipid profile-

*This one area gives me real concern, and similar attitudes are becoming apparent in the medical literature. We have talked of the “sparing” effects of estrogen in the genetic female, and the benefit that comes to her with lower cholesterol levels from her estrogen whether she makes it or takes it. We have emphasized the cardioprotective value of estrogen to her, and it would seem this is true for the M-to-F individual on estrogen who does not have underlying vascular or cardiac disease before estrogen use. We have also spoken of the thought amongst some physicians that *just being male adds to the risk of cardiac disease*, and we have attributed this to the effects of testosterone on serum cholesterol and the other substances in the bloodstream that have to do with cholesterol transport. As you will remember, eventual development of arteriosclerotic plaques in the blood vessels, the heart arteries in specific (coronary vessels), is directly related to elevated cholesterol and cholesterol-carrying substances, e.g. LDL. This can lead to serious coronary vessel disease and possible death. If the individual has removal of her ovaries and loss of estrogen on the pathway to complete SRS, the picture could become even more bleak.*

What am I saying? Take as an example a genetic female who begins testosterone therapy. *The androgenic activity of this hormone changes her cholesterol levels.* It goes up, and with it there is elevation of the LDL fraction, and lowering of the HDL fraction, a bad combination of events. She suppresses her ovarian function as well, and, therefore, she makes considerably less estrogen. On this form of hormonal therapy, she loses the cardioprotective activity of her ovaries and imposes the androgenic activity of her hormonal treatment on her lipids. *If she has a family history of cardiac disease, if she is overweight and / or diabetic, if she has problems with her blood pressure, whatever the cause for it, and if she smokes and has very little exercise in her daily life, her risks are considerably increased. She is heading for early onset of arteriosclerosis, which leads to heart attack, and possibly a stroke.*

Now, on the surface, this looks quite awful, and as I present it, it truly is. Actually, most individuals may not get into this situation, but some will, and the number may be statistically significant such that one day the various hormonal regimens for the F-to-M TS individual will be altered or abandoned. It may be that individuals with some of the factors just mentioned in family or personal health profiles will be refused treatment. I hasten to add this point, how-

ever. Not enough time has elapsed for observation of long-term treatment in F-to-M's to support this, nor are the groups for study large enough to draw meaningful conclusions. The ideas are somewhat conjectural to a degree, but the logic behind them is very real, very possible, and very compelling. The absence of estrogen and imposition of testosterone in the system of a F-to-M individual could be very much a concern. Premature illness due to heart disease and shortened longevity is the issue to be observed closely in this therapeutic plan.



CHAPTER VIII

BEFORE STARTING HORMONES

It's essential that no matter what the age of the individual, proper study be instituted before beginning hormonal therapy. It's also very important that a knowledgeable and empathetic physician be the initiator and the guide in that health study. That can be a task in itself. To find the proper physician is not always easy, but, for the time being, let us concern ourselves with what must be known about the person planning to use the hormones and assume that we have the right doctor.

As is necessary in all medical evaluation, *a complete personal medical history is vital.* It is important to discuss past medical concerns and surgery, as well as information about family member illness. If the individual is on medication, the purpose, the kind, the dose, and the response, are all essential pieces of information that must be given to the doctor. If liver, cardiac, or kidney diseases have been a problem in the past, testing may be needed to

be assured that no impediment or contraindication to hormonal use exists. In short, the prospective hormone user should be in good health or have any current problems carefully evaluated for potential problem. I think that certainly an EKG is a good idea as a baseline, and particularly, in individuals over 40 years of age. If there is any question, then more sophisticated cardiac study is in order. After a thorough physical examination, blood studies should be done, and they should include a broad profile in order to evaluate all organ systems. Hence, liver, thyroid, and kidney profiles are to be done as well as lipid studies, baseline pituitary gonadotropin levels, serum prolactin, serum testosterone levels, blood sugar and calcium and phosphorus evaluations.

With these evaluations returned as normal and properly recorded, the individual is then ready for a hormonal regimen.

In the Genetic Male-

What is there to evaluate on a periodic basis once hormones are in use by the genetic male?

Periodic visits to the physician are very important - in the first year, every three months is most

appropriate, but the candidate should have ready access to the physician between visits as well. In each of these visits, a careful re-evaluation of the individual's experience and feelings on hormones is essential and a review of the physical examination must always include weight, blood pressure determination, careful eye examination including the eye grounds, evaluation of the heart and the entire abdomen, evaluation of the genitalia and rectal examination for prostate change. Blood studies should be repeated and they should include blood sugar, testosterone level (which in some regimens may be a way of evaluating the effectiveness of estrogen medication), prolactin level, lipid profile, and liver enzymes. As indicated by the individual's complaints or physical condition, other studies for general health should be done. An inquiry or evaluation of the lower extremity veins is very important, and particular note should be taken of any problem or incident that might indicate the very beginnings of phlebitis. Breast measurement and hip and waist measurements are also important to record. Some time should be given to evaluate the individual's psyche, to inquire about reaction to daily activity and interchange, to search for change in personality and mood, being sure that the person is comfortable with himself and the people in his life. There is also the constant need to evaluate health in general, to discuss matters of diet and weight control, to give instructions and attention to

good health practice. The physician has the joint responsibility with the individual to not only monitor hormone use, but to keep good health appreciation foremost.

In the Genetic Female-

What should be evaluated in the genetic female before hormonal therapy?

The very same evaluation extends to the biological female in preparing for hormonal use. A careful review of family and personal health, a thorough physical examination including a baseline EKG, and a complete blood profile, are all important. The blood studies are very similar to those of the male, though male hormone levels are not needed, nor are estrogen and progesterone levels in the female subject necessary. Clinical response in the female is more meaningful than are the blood levels of estrogen and progesterone. There is a very definite need for cholesterol determinations and liver enzymes as baseline for comparisons later in the therapy process.

What is there to evaluate on a periodic basis once hormones are in use in a genetic female?

Medical office visits should be scheduled at the same time intervals as for the male, and in those visits the same physical examination is important, with attention to blood pressure and weight. Blood studies should always include a lipid profile and a liver enzyme determination. And, again, general medical needs and overall health appreciation is just as important as the recording of masculinizing effects. Once more, inquiry of emotional status and health is to be included with the physical and laboratory evaluation.

The Costs-

Medical care is costly - too costly at times, I believe, but that is not easily changed at this time. I would caution against too much cost-cutting or bargain-hunting in purchasing medication. Generic medication has some place, and is acceptable in some regimens of therapy. Keep in mind, however, that generics are not as fine-tuned to dosage, duration of activity, and therapeutic response as are the brand-name medications. Hence, while generic estrogen, testosterone, and progesterone could be used, they are not quite the medications that the name brand ones are.

CONCLUSION

Overall, careful evaluation on a periodic basis of the individual's health and the effects of his/her hormonal therapy by a capable, knowledgeable, and interested physician, should ensure a comfortable life, with good health and safe progress toward whatever goal the individual has in mind.

It must be a cooperative effort, however. The individual is in all reality "meddling" with his/her own genetic, biochemical, and physical makeup. The individual should follow directions and always keep in contact with the physician as requested or required.

I hope the information given you has been of help - that it is and will be an aid to making your approach to this therapy a lot less mysterious and a great deal more encouraging.

For those who care to read the medical literature, who have an understanding of the technical language and an ability to interpret what the researcher is reporting, I refer you to the Index Medicus, found in all medical libraries. If you look in the

subject index under both Transsexualism and Transvestism, you will find articles that you can locate in the appropriate journals listed. The Index is published each month, giving reference to articles written and reported to the various journals in the previous two or three months. The Index itself has both a subject and an author listing, and it goes back a considerable number of years. The last five years contain much more significant laboratory data. The last ten years give very worthwhile clinical and psychological observation. I give you this direction rather than a bibliography. The world medical literature from which this monograph draws its content is quite extensive, and the articles too numerous to list.

ABOUT THE AUTHOR



Dr. Sheila Kirk is Board certified in Obstetrics and Gynecology, and is a member of the Harry Benjamin International Gender Dysphoria Association. She received her degree from the Boston University School of Medicine in 1957. Her internship and the greater part of her residency were at the University Hospitals in Buffalo, New York. She completed her training in Pittsburgh, Pennsylvania, where she remained in private practice.

During her distinguished career, she contributed numerous papers dealing with problems and case reports in her specialty to various medical journals. She was an Assistant Clinical Professor of Obstetrics and Gynecology at the University of Pittsburgh.

In 1992, Dr. Kirk will retire from the active practice of medicine, and from her teaching position at the University. She will be living in the Boston area, working with the IFGE as a medical consultant to the cross-dressing/transsexual community, and

as a liaison between that community and the professional medical community.

Dr. Kirk has been actively serving the crossdressing/transsexual community since 1983. In that time she has served on the Board of Directors of the Outreach Institute and is now on the Executive Committee of the Board of Directors of the IFGE. She was the President of TransPitt in Pittsburgh, and a Co-Director of the 'BeAll' convention in Pittsburgh. She is a co-founder of the 'Coming Together' convention, and continues to serve that event as Tier-II Programs Coordinator.

Dr. Kirk has conducted an extensive survey of the medical literature dealing with transgender therapy, and has given countless lectures and seminars on hormone therapy, transsexual surgery, and disease entities specific to the female. In addition to her work with hormones, she has contributed numerous articles and instructional booklets, including, How to Find a Doctor, and, How to be a Good Medical Consumer.

**On April 10, 1991,
Dr. Sheila Kirk received the
IFGE Trinity Award in
recognition of her
extraordinary service to the
crossdressing/transsexual
community as
a leader, a pioneer,
a teacher, and a
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